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ABSTRACT

Developed for the Labor Education Achievement Program (LEAP), this curriculum resource guide is designed to supplement instruction in the core skills needed by participants interested in training and advancing in various health care related positions. Definitions of key terms appear first. The guide includes four major sections. The first three focus mainly on the achievement of general knowledge that all employees in health care should know: basic skills development, general attitude development, and health care general knowledge survey. The fourth section highlights designated positions in the health care environment. The guide investigates six positions within the health care industry: nursing assistant, transportation aide, admissions clerk, geriatric aide, data entry clerk, and housekeeper. The following components are provided for each task: position (one of the six designated areas or all of them); task statement (duty or duties); performance conditions; instructional activities (those specific exercises leading toward successful achievement of any given task that can range from one to several exercises); related academic vocabulary; instructional resources; criterion reference; and performance guide. Fifty exercises are provided. Appendixes include a list of seven references and answer keys. (YLB)

ED353365

A HEALTH CARE
ADULT WORKPLACE BASIC SKILLS
CURRICULUM RESOURCE GUIDE
FOR
PROJECT L.E.A.P.

Labor Education Achievement Program

A Formal Partnership
Between the
Maryland State Department of Education
and the
Metropolitan Baltimore Council of AFL/CIO Unions

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Introduction

This Curriculum Resource Guide has been developed for the Labor Education Achievement Program (Project LEAP). It is designed to supplement instruction in the core skills needed by participants who are interested in training and advancing in various health care related positions. This is especially so given the growth expectation of health care industries in this nation over the next decade. The manpower needs of the health care industry have become increasingly diverse because of occupational specialization and the impact of advanced technology. Opportunities for career mobility require that current workers as well as new job applicants possess requisite levels of "work based education" competencies, e.g., basic skills proficiency, problem solving, goal setting, human relations and organizational effectiveness skills, among others.

The health care manpower shortages in technical level occupational areas underscore the need to develop workplace training programs to reduce the barriers to upgrading the skills of employees who currently hold positions in less technical areas of health care. By expanding career training opportunities for workers already in the health care field, the industry will be better able to meet manpower recruitment and retention objectives.

This Curriculum Resource Guide has several goals. Primary among them is the goal of: (1) Teaching employees to master basic skills on a level that will positively influence their performance in the health care setting; (2) to develop an objective self appraisal and to engrain the attitudes and standards required for career mobility; (3) to teach employees some general concepts relevant to working in health care settings, e.g., disease control, hygiene, patient assistance etc.; and (4) to use workplace specific materials as instructional resources for improving job performance.

This process of work based education development entails several key steps. These steps are sequential and students should fully master each of the steps in the sequence. The first step in this process involves teaching employees to communicate using standard English. The importance of this step cannot be overemphasized given the life threatening circumstances that could prevail if an employee fails to communicate or understand basic instructions.

The need to communicate in standard English is paramount among the steps towards literacy development. The second step emphasizes vocational development by teaching employees to understand, identify and know significant elements associated with employment in a health care setting. Employees must understand the significance of: Disease control, sterilization, health/hygiene, and immunization, to mention a few. The third and last step involves teaching employees to understand their respective role and job in the workplace and how their job impacts upon other jobs and subsequently, the overall effectiveness of the workplace environment.

The task of basic skills competency development in the health care industry is a concern of many given the new health hazards that have emerged in the workplace over the past twenty years. These include but are not limited to: Toxic waste, AIDS, drug abuse, and related stress disorders. The importance of awareness of these issues has evolved and this Curriculum Resource Guide attempts to address these and other key issues.

Organization of Material

To understand the significance of work based education/basic skills instruction in the health care setting, the Curriculum Resource Guide includes four major sections. The first three focus mainly on the achievement of general knowledge that all employees in health care should know. These three sections include: Basic Skills Development; General Attitude Development; and Health Care General Knowledge Survey. The fourth section highlights designated positions in the health care environment.

This Curriculum Resource Guide will entail the investigation of six positions within the health care industry. The positions are: Nursing Assistant; Transportation Aide; Admissions Clerk; Geriatric Aide; Data Entry Clerk, and Housekeeper.

The authors want all teachers and students who use these work based education materials to be aware that each health care institution should have specific guidelines and procedures relative to rendering patient care. The procedures identified in the exercises in this Resource Guide, while consistent with standard industry practices, are for "instructional demonstration purposes only". All patient assistance and care rendered in actual job settings should be in strict compliance with the regulations and procedures of the specific health care facility.

1. **The Program**

   The Program for each category remains consistent throughout and is referred to as "Health Care".

2. **The Position**

   The Position category pertains to the six designated areas namely: Nursing Assistant, Transportation Aide, Admissions Clerk, Geriatric Aide, Data Entry Clerk, and Housekeeping Services Aide.

3. **The Task Statement**

   The Task Statement refers to the particular duty or duties associated with each position. Only one Task Statement will be discussed at a time. There maybe, however, numerous Task Statements per position.

4. **The Performance Conditions**

   The Performance Conditions represent the particular circumstances that must appear before a designated task can be performed. The Performance Conditions may range in number from one to several. However, when there are too many Performance Conditions, it may prove the particular task too cumbersome to perform and consequently, ineffective in achieving the overall goal of the particular position.

5. **The Instructional Activities**

   The Instructional Activities are those specific exercises leading towards the successful achievement of any given task. Instructional Activities can range from one to several exercises. Instructional Activities are written in terms that would facilitate the instructor's ability to move instruction from one point to another and subsequently succeed in achieving the overall task.

6. **The Related Academic Vocabulary**

   The Related Academic Vocabulary refers to the terminology peculiar to a specific task. The numbers of terms can range from one to many terms associated with a specific task.

7. The Instructional Resources

The Instructional Resources pertain to the specific supplies, materials, and special equipment/furniture, needed to complete specified instructional activities and subsequent tasks. Books and other related references may be included under materials.

8. The Criterion Reference

The Criterion Reference is the specific measure which allows the instructor to determine that the student has attained a certain level of competency. The Criterion Reference should be consistent with the specified instructional activities.

9. The Performance Guide

The Performance Guide refers to the specific procedures associated with the performance of any given task. The procedures should always be written in very simple but concise language to lessen confusion to the learner.

DEFINITION OF KEY TERMS

The key to increasing knowledge in the health care field lies in the learner's ability to understand basic terminology. These terms are generic in the sense that they permeate or transfer to all areas defined and recognized in this curriculum. The instructor may even choose to develop exercises on the use and understanding of select medical terminology. These exercises may be developed using the list of key terms in this curriculum. While specific exercises are not compiled in this Resource Guide, the instructor can show ingenuity by developing spelling exercises as well as exercises on usage of terms.

TERMS

1. Affected area, side or extremity - An area of the body or an extremity (arm or leg) that is sore or paralyzed. This area or extremity is always clothed first and unclothed last.

2. Anus - The opening through which feces pass.

3. Axilla - The armpit.

4. Axillary - The area around the armpit.

5. Bacteria - Microorganisms that can be seen only through a microscope.

6. Bedpan - A receptacle for bodily wastes that is used when a resident is bedridden.

7. Bedside commode - A bedpan mounted in a chair that is used by a bedridden resident for elimination.

8. Blood pressure - The force exerted by the heart against the arterial walls when the heart contracts (systolic) or relaxes(diastolic).

9. Bony prominence - An area of the body where bones extend outward from surfaces of the skin, such as elbows, kneecaps, etc.

10. Brachial pulse - The pulse taken on the inside of the forearm at the elbow.

11. Celsius (C) - Another name for the centigrade temperature scale.

12. Centigrade (C) - A temperature scale based upon 100 units called degrees. In the centigrade scale, the freezing point of water is zero degrees and the boiling point of water is 100 degrees.

13. Coccyx - A small bone at the base of the spinal column.

14. Commode - Toilet

15. Condiments - Seasonings for food; for example, salt, pepper, mustard, ketchup, and mayonnaise.

16. Cubic centimeter (cc) - A metric unit for measuring volume.

17. Decubitus ulcer - An open wound that is caused by the pressure of lying or sitting in one position for a long period of time. Also called a pressure sore or bedsore.

18. Degree - A unit for measuring temperature.

19. Dehydration - Excessive loss of water from the body.

20. Diabetic - A person who has diabetes, which is a disease that prevents sugar and starch from being absorbed properly by the body.

21. Diastolic pressure - The force of the blood in the arteries when the heart is relaxed and filling with blood. Diastolic readings (the bottom number) are within normal range between 60-90 mm Hg.

22. Diet - A limited menu of food and drink. May be prescribed by a physician or self-imposed.

23. Drainage bag - A plastic bag connected to an in-dwelling catheter that collects urine.

24. Drape - A sheet or bath blanket that covers a resident and provides privacy during a change of clothing, a bath, or an examination. The act of covering a resident with a sheet or bath blanket.

25. Electronic thermometer - A battery-powered thermometer that displays a temperature reading in lighted numbers.

26. Elevated temperature - A temperature above normal.

27. Emesis - Vomiting.

28. Exhalation - The act of expelling carbon dioxide from the lungs and respiratory tract. Breathing out.

29. Fahrenheit - A temperature scale. In the Fahrenheit scale, the freezing point of water is 32 degrees and the boiling point of water is 212 degrees.

30. Fanfold - Folding the top bed linen(s) to the foot of the bed so that they are out of the way but within easy reach.

31. Feces - Solid waste material that is eliminated from the bowel.

32. Flowsheet - A form used to record information about a resident, such as liquid intake, weight, amount of bowel elimination.

33. Fluid - A liquid, or a solid (such as jello) that is measured as a liquid.

34. Fluid balance - Taking in approximately the same amount of fluid as one eliminates.

35. Force fluids - Encouraging a resident to drink fluids. When a resident has a tendency to become dehydrated, his or her doctor may issue an order to "force fluids".

36. Foreskin - The fold of skin covering the end of the penis in uncircumcised men.

37. Fracture pan - A type of bedpan. The fracture pan is flatter at the sides than a regular bedpan which makes it easier to use for residents who cannot lift their hips.

38. Friction area - An area of the body that is susceptible to decubitus ulcers because it comes into contact with a bed for long periods of time. Parts of the body where skin rubs against skin are also called friction areas.

39. Geriatric feeding chair (geri-chair) - A chair on wheels with an attachable tray.

40. Hairline - The lower edge of the hair along the forehead.

41. Hourglass shape - Having wide top and bottom sections joined by a narrow center.

42. Hg - The symbol for mercury.

43. H O - An abbreviation for water.

44. Hydration - Condition that exists when the body has an adequate amount of fluid.

45. Hypertension - High blood pressure.

46. Hypotension - Low blood pressure.

47. I & O worksheet - A sheet placed at the bedside of a resident having intake and output measured. The nursing assistant records each measurement during the 8 hour shift to ensure accuracy when reporting to the charge nurse at the end of the shift.

48. Incontinent - Unable to control bladder and or bowel movements.

49. Incontinent brief - Garment used by residents who have lost bladder and or bowel control to protect their clothes and bed linen.

50. Indwelling catheter - Tube that is placed in the resident's bladder to empty urine into a drainage bag.

51. Infection - Condition that exists when disease-causing microorganisms enter and spread in the body.

52. Inhalation - The act of bringing air into the lungs and respiratory tract. Breathing in.

53. Intake - Amount of liquid consumed by a resident within a given period of time.

54. Irritation - An area of the body that has become imflamed or raw.

55. Labia majora - The outer folds or lips of skin that surround the vagina. The folds outside the labia minora.

56. Labía minora - The inner folds of mucous membranes that surround the vagina. The folds within the labia majora.

57. Meatus - An opening or passageway in the body.

58. Menu card - A listing of all food, drinks, and condiments that are on the resident's meal tray that must be checked before the tray is given to the resident.

59. Milliliter (ml) - A measurement of volume in the metric system that equals one thousandth of a liter.

60. mm - Millimeter.

61. NPO - From the Latin for "nothing by mouth". It means that the resident may not have any food or drink for the period of time prescribed by a doctor.

62. Nutrition - The process by which the food we take in is used by the body. When one eats properly, one is said to be practicing good nutrition.

63. Oral - By mouth.

64. Output - The amount of urine eliminated by a resident within a given period of time.

65. Penis - The male organ used for urination and sexual intercourse.

66. Perineal - The area between the thighs that includes the anus and the vulva in the female and the anus and the scrotum in the male.

67. Peri-wash solution - A solution used to cleanse the perineal area.

68. Pressure sore - (see decubitus ulcer.)

69. Probe - The attachment of an electronic thermometer that senses temperature.

70. Probe cover - The disposable cover that is placed over the probe of an electronic thermometer when taking a person's temperature.

71. Radial pulse - The pulse taken at the inner part of the wrist.

72. Rectum - the lowest part of the large intestine which ends at the anus.

73. Redness - An area of the body that is sore may show this color. It could also be a warning signal for a decubitus ulcer.

74. Respiratory cycle - The process of taking in oxygen and expelling carbon dioxide from the lungs and respiratory tract. One breath.

75. Restricted fluids - When residents are limited in the amount of fluid they may drink within a given period of time, they are said to be on "restricted fluids".

76. Sacral area - The area of the lower back at the base of the spine where the spinal cord joins both hip bones to form the back of the pelvis.

77. Scrotum - The pouch below the penis that holds the testicles.

78. Skin break - An opening in the skin that marks the beginning of a sore.

79. Skin folds - Areas where the skin is folded and rubs against itself, for example, under the breasts or between the legs.

80. Sphygmomanometer - Instrument for measuring blood pressure in millimeters of mercury.

81. Stethoscope - An instrument used to listen to internal body sounds.

82. Systolic pressure - The force of the blood in the arteries when the heart is pumping blood out. Systolic readings (top number) are within normal range between 100-140 mm Hg.

83. Temperature - A measurement of body heat. The normal temperature range is between 97.6 and 99.6 degrees Fahrenheit or between 36 and 38 degrees Celsius.

84. Thermometer - An instrument that measures body temperature. Different thermometers measure oral, rectal, and axillary temperatures.

85. Unaffected area or extremity - An area of the body or an extremity that can be freely moved without pain.

86. Urinal - A receptacle for urine that is used by bedridden male residents.

87. Urine - Yellowish liquid waste stored in the bladder and discharged periodically from the urethra.

88. Vagina - Female sexual organ. The passageway leading from the vulva to the uterus.

89. Vital signs - Temperature, pulse, respiratory rate, and blood pressure.

BASIC SKILLS DEVELOPMENT

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: To read and comprehend the article entitled "Life-death Decision"

PERFORMANCE CONDITIONS: Basic understanding of reading and reading comprehension; paper; pencil.

INSTRUCTIONAL ACTIVITIES: Explanation of task; hand-out reading material; observation of students; administration of Performance Quiz; divide class into small groups; facilitate group discussion; facilitate discussion of article with entire class.

RELATED ACADEMIC VOCABULARY: Comatose - a state of being where the normal senses are not functioning; vegetative state - the state of not being in position to care for one's self; feeding tube - a hollow instrument used in providing nourishment to persons unable to feed themselves; and ventilator - an instrument that expels stale air and circulates fresh air; pneumonia - a respiratory disease marked by inflammation of the lungs.

INSTRUCTIONAL RESOURCES: Paper; pencils.

CRITERION REFERENCE: Student will be able to read the news article and successfully complete the Performance Quiz.

PERFORMANCE GUIDE: Receive instructions; read the news article; complete the Performance Quiz.

EXERCISE 1

NEWS ARTICLE -"LIFE/DEATH DECISION"

DIRECTIONS: Read, in 10 minutes the news article entitled "Life-Death Decision".

Afterwards instructor should divide class into small groups of 3 persons each, to discuss their personal opinions on the topic: "The Use of Life Support Systems as a Means of Extending Life."

Lastly, instructor should administer the performance quiz.

LIFE-DEATH DECISION
Doctors want to remove Woman's Life Support

By Debbie Howlett
and Margaret Nelson
USA Today, May 30, 1991

Minneapolis - Oliver Wanglie refuses to let his wife, Helga, die without a fight.

While such sentiment may seem heroic, her doctors say, it isn't helping anybody-including Helga Wanglie.

Oliver Wanglie was in court Wednesday opposing doctors' efforts to have him replaced as his wife's guardian. He's fighting doctors' efforts to unplug machines that have kept his comatose, 87-years-old wife breathing for 17 months.

"As long as her heart is beating, she is alive-those were her own words," he said.

The case is unusual because doctors have challenged a family's decision to continue treatment. A ruling is expected within 90 days.

In other instances, such as the Nancy Cruzan case that went to the Supreme Court, doctors tried to prevent families from stopping treatment.

"I doubt the court, or the average person, is ready to allow doctors to decide when to stop treatment," says Art Caplan of the University of Minnesota's Center for Biomedical Ethics. "It's a decision most believe should stay with the family."

But doctors testified that Wanglie, 86, is incompetent to make such a decision.

Doctors say Wanglie doesn't understand his wife is in a persistent vegetative state and thinks she'll snap out of it. They say he is at times confused and rants about other topics.

"An objective person should be appointed by the court" says Craig Peine, Helga Wanglie's attending physician.

Nurse Mark Sonnen says before slipping into a coma, Helga Wanglie tried to remove her feeding tubes and disconnect her ventilator.

But Oliver Wanglie says his decision follows the wishes of the woman he married 53 years ago: "I would not, as a matter of conscience, agree......to end her life."

The case has also provided ammunition for opponents of the idea of a "right" to die.

"We've heard over and over the family should decide. Now, we're hearing there should be limits," say Rita Marker of the Anti-Euthanasia Task Force in Steubenville, Ohio.

While doctors and family argued in court, Helga Wanglie lay in a bed at Hennepin County Medical Center.

Her medical problems began in December 14, 1989, when she tripped over a rug. After a bout with pneumonia she slipped into a coma.

The Wanglie family hope for a miracle. Son David, 46 swears his mother has touched his hand, though doctors say she is unresponsive.

EXERCISE 2
PERFORMANCE QUIZ - LIFE/DEATH DECISION

DIRECTIONS: Based on the news article entitled, "Life-death Decision", indicate the accuracy of the statements below by writing True or False in the blanks following each. You have 20 minutes to complete this quiz.

1. Helga Wanglie is on life support machines.__________

2. Helga Wanglie is 67 years of age.__________

3. Helga Wanglie is the wife of George Wanglie.__________

4. Helga Wanglie has been on life support machines for 17 months.__________

5. The doctors want to continue treatment for Helga Wanglie while her husband wants to discontinue treatment._____

6. It is believed by the doctors that Helga Wanglie's husband is not competent to make decisions regarding his wife's condition._________

7. Helga Wanglie's husband believes she will snap out her vegetative state._________

8. Helga Wanglie's attending physician is Craig Peine.________

9. Helga Wanglie and her husband have been married for 50 years.__________

10. Helga Wanglie lies in bed at the Hennepin County Medical Center._________

11. Helga Wanglie's problems started when she tripped over a rug.__________

12. Helga Wanglie and her husband did not have any children._________

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: To read and comprehend the article entitled, "Our Body is Our Buddy".

PERFORMANCE CONDITIONS: Basic understanding of reading comprehension; paper and pencils.

INSTRUCTIONAL ACTIVITIES: Explanation of task; handing-out of news article entitled, "Our Body is Our Buddy"; observation of students; administration of Performance Quiz.

RELATED ACADEMIC VOCABULARY: Cell - the smallest unit in the body; Tissue - a group of cells that are of the same type; Skin - a form of tissue forming the outside covering of the body; Organ - a group of tissue which is adapted to perform a specific function; Stomach - a pouch-like organ that is part of the digestive system.

INSTRUCTIONAL RESOURCES: Paper; pencils.

CRITERION REFERENCE: Student will be able to read and comprehend the news article entitled, "Our Body is Our Buddy" and successfully pass the Performance Quiz.

PERFORMANCE GUIDE: Receive instructions; receive news article; read news article; complete Performance Quiz.

EXERCISE 3

NEWS ARTICLE - OUR BODY IS OUR BUDDY

DIRECTIONS: Read, in 5 minutes, the news article entitled, "Our Body is Our Buddy".

Afterwards, instructor should administer the performance quiz.

OUR BODY IS OUR BUDDY

Hey kids, ever wondered how your body all comes together. Well we know it's not glue and it's not nails and it's not adhesive tape so let's find out how it's all connected.

The smallest unit in our body is the cell. There are various types of cells: bone cells, blood cells, muscle cells. They are all basically made up of a jelly-like substance. Usually when cells are of the same type they group together to form tissue (this does not even look like the kind you use to blow your nose), it's tougher.

The skin is a good example of body tissue. The cells that make up the skin tissue are cylindrical in shape and they grow towards the surface of your skin. When the skin cells reach the surface they get flat and dry and they die and fall off. The great thing about cells and tissue is that they are constantly being replace like magic. So parts of your body such as your skin never really disappear when old dead cells fall off.

Tissue also comes together to form organs. We all eat food to stay alive and the food goes to the stomach. The stomach is a pouch-like organ that is part of the digestive system. Organs perform specific functions. The stomach produce various substances which help to break down the food that you eat and then it is passed to other organs to complete the process.

many organs working together form systems. The food we eat and the oxygen from the air pass through the blood to the tissues. This means that the body is a network of systems working together to keep us alive.

That seems complicated but it all works so easily. In fact we do not even know when all of this is happening inside. It's a miracle. Take care of your body; it's your best buddy.

EXERCISE 4
PERFORMANCE QUIZ - OUR BODY IS OUR BUDDY

DIRECTIONS: Indicate the accuracy of each statement by writing True or False in the blank following each. You have 15 minutes to complete this task.

1. The cell is the largest unit within the body.__________
2. The different types of cells include blood cells, muscle cells, and bone cells.________
3. Cells are made up of jelly-like substances.__________
4. Cells of the same type are grouped together to form tissue.________
5. The skin is not a good example of body tissue.________
6. Cells and tissue cannot be replaced.__________
7. Tissue comes together to form organs of the body.________
8. The stomach is a pouch-like organ that controls the nervous system.________
9. The stomach produces various substances which help to break down the food we eat.________
10. Many organs working together, form systems.________
11. The food we eat and the oxygen from the air pass through the blood to the tissues.________
12. The body is a network of organs working together to keep us alive.________

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: To learn the basic bones of the body.

PERFORMANCE CONDITIONS: Understanding of basic reading.

INSTRUCTIONAL ACTIVITIES: Explanation of task; review of vocabulary; handing-out of material; observation of students; administration of puzzle; have students point-out different bones in the body using one of the students.

RELATED ACADEMIC VOCABULARY: Clavicle - the collar bone; Femur - the thigh bone; Fibula - the small leg bone below the knee; Humerus - the upper arm bone; Pelvis - the hip bone; Radius - the small arm bone below the elbow; Ribs - the chest bones, protecting the heart and lungs; Scapula - the shoulder blades; Sternum - the chest bone; Tibia - the large leg bone below the knee; Ulna - the large arm bone below the elbow; Vertebrae - the bones in the spinal column.

INSTRUCTIONAL RESOURCES: Paper; pencils.

CRITERION REFERENCE: The student will be able to understand the different bones in the body and complete successfully within 30 minutes the Puzzle entitled, "Dem Bones".

PERFORMANCE GUIDE: Receive instructions; receive puzzle entitled "Dem Bones"; complete puzzle.

EXERCISE 5

PUZZLE - "DEM BONES"

DIRECTIONS: Read the puzzle and attempt to locate each of the underlined words. You have 30 minutes to complete this exercise.

J H L T S T Z J E Y M R X N P
G G F K C W B C J A O K V D M
L T S H C X X S N D N E N Y B
U F T D L M B F A B R L I S W
I M E T W I E S L T Y R U A D
G J R S R M P L E U P I L M V
D I N L U M S B A E D U H R Y
C E U R X P R H L A P L B R A
L R M C J A U C R A T K S I E
S T U L E V I Y C F D U B C I
I I K I X V B S I M R I M B O
V K C M A N P B Y E T E W R C
L J T L L W U O M P B U M B V
E Q C C C L L U M R X R P S V
P S O W A O H W D F B S K X M

(JUST THE FIRST WORDS IN EACH LINE)
FIND THESE HIDDEN WORDS IN THE ABOVE PUZZLE:

CLAVICLE - COLLAR BONE
FEMUR - THIGH BONE
FIBULA - SMALL LEG BONE BELOW THE KNEE
HUMERUS - UPPER ARM BONE
PELVIS - HIP BONE
RADIUS - SMALL ARM BONE BELOW THE ELBOW
RIBS - CHEST BONES, PROTECTING LUNGS AND HEART
SCAPULA - SHOULDER BLADES
STERNUM - CHEST BONE
TIBIA - LARGE LEG BONE BELOW THE KNEE
ULNA - LARGE ARM BONE BELOW THE ELBOW
VERTEBRAE - BONES IN THE SPINAL COLUMN

PROGRAM: Health Care

POSITION: General Basic Skills Development

TASK STATEMENT: To write in complete sentences

PERFORMANCE CONDITIONS: That students understand that two key elements in effective communication are the ability to speak and write using standard English and complete sentences. Every complete sentence has a subject (who/what) and a predicate (verb phrase) which together express a complete thought.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; completion of exercises; have students write a predicate clause when the instructor gives a subject; have students write a predicate clause as per the subjects given by the instructor on the board; instructor selects any subjects as related to the latter two activities.

RELATED ACADEMIC VOCABULARY: Subject-tells whom or what a sentence is about; Predicate-tells what the subject is or does; and Sentence-A group of words characterized by a subject and predicate and contains a finite verb or verb phrase. A sentence expresses a complete thought and therefore, must have a subject and a predicate(verb).

INSTRUCTIONAL RESOURCES: Paper; pencil; chalk board; chalk.

CRITERION REFERENCE: Student will be able to write complete sentences.

PERFORMANCE GUIDE: Takeout paper and pencil; present examples of subject and predicate on the board; have students identify subjects and predicates while you write on the board; have students practice identifying subjects and predicates by writing on the board and using the examples which follow that are entitled "Demonstration of Subject and Predicate"; administer quiz entitled "Matching Subjects and Predicates".

EXERCISE 6

DEMONSTRATION OF SUBJECT AND PREDICATE

DIRECTIONS: Have students compose predicate clauses which describe the subjects in the left hand column.

Subject

1. The carpenter --
2. The state government -----------------------------------
3. The hurricane --
4. My professor ---
5. The school ---
6. The Baltimore Sun ---------------------------------------
7. The Orioles --
8. The colts --
9. The Mercy Medical Clinic ----------------------------------
10. The respiration --
11. The dentist --
12. The registered nurses ----------------------------------
13. The dietitians ---
14. The radiologist --
15. The dental hygienist -----------------------------------
16. The admission clerks -----------------------------------
17. The ophthalmologist ------------------------------------
18. Gerontology --
19. The attending physician --------------------------------
20. The dosage of medicine ---------------------------------

EXERCISE 7
MATCHING SUBJECTS AND PREDICATES

DIRECTIONS: Match the subject in the left hand column with the predicate in the right-hand column by placing the letter next to the predicate in the proper space along side the corresponding subject.

Subject	Predicate
___1. The doctor	a. is named Johns Hopkins.
___2. AIDS	b. is 123 over 80.
___3. The hospital	c. performed the surgery.
___4. The patient	d. is a disease that kills.
___5. Wheelchairs	e. are worn on your hands.
___6. Eyeglasses	f. is in room 301.
___7. Rubber gloves	g. are for transporting people.
___8. The patient's blood pressure	h. help you see.
___9. The nurse's aide	i. was successful.
___10. Sinai Hospital	j. provide long-term care.
___11. The housekeeper	k. is located in Baltimore.
___12. Anti-biotic	l. is for emergencies.
___13. Nursing homes	m. changed the linen on the bed.
___14. The emergency room	n. help fight infection.
___15. The operation	o. cleaned the room.
___16. The operating room	p. tastes very bland.
___17. An LPN	q. wore white coats.
___18. An MD	r. is very cold.
___19. The doctors	s. stands for medical doctor.
___20. The hospital food	t. stands for License Practical Nurse.

PROGRAM: Health Care

POSITION: General Basic Skills Development - All Positions

TASK STATEMENT: How to organize and develop a paragraph

PERFORMANCE CONDITIONS: That students have a basic understanding of reading and writing.

INSTRUCTIONAL ACTIVITIES: Reading and reviewing lessons; demonstration of lesson on the chalk board; administration of exercises; and administration of quizzes.

RELATED ACADEMIC VOCABULARY: Paragraph; topic sentence; fact; logical; chronological.

INSTRUCTIONAL RESOURCES: Paper; pencil; chalk; chalk board; overhead projector.

CRITERION REFERENCE: Student will be able to arrange sentences in logical, yet sequential steps to form complete paragraphs.

PERFORMANCE GUIDE: Handout paper and pencils; review the key vocabulary; demonstrate exercises on the chalk board or using the overhead projector; administer the exercises.

PARAGRAPH: ORGANIZATION AND DEVELOPMENT

The paragraph is a collection of separate but related thoughts which are intended to develop the author's main idea. Every paragraph should have one main idea or topic sentence which is supported by specific details and facts. The main idea of a paragraph may be placed at the beginning, in the middle, or at the end of the paragraph. The supporting details should follow a logical sequence or pattern of thought which can explain or prove the main idea.

Some commonly used methods of paragraph development are:

* Sequence of events - arranging details in chronological order.

* Comparison and contrast - describing similarities and differences among facts or ideas.

* Cause and effect - explaining why something is true or why something happened.

Studies of good readers show that they are aware of the context of what they are reading. They anticipate what is coming next by what has gone before.

ASSISTING WITH NUTRITION AND HYDRATION

Introduction

Nutrition is important for everyone, including residents of long-term care facilities. Food provides energy for tissue growth and repair, and it maintains and regulates many bodily functions. Some residents think of mealtimes as social occasions when family and friends can talk with each other and review the events of the day. Others look forward to meals as a time to relax and read a book or the newspaper. Whatever kind of mealtime residents have enjoyed in the past, eating meals in a long-term care facility may mean a change that can be difficult. You can help residents adjust by presenting meals to them in a positive manner and by being patient when they are not able to feed themselves.

Nutrition

Food preference is a highly individual matter. With age, however, may come changes that diminish the desire to eat or the ability to feed oneself. Illness or changes in the body may cause a resident's doctor to prescribe a special diet that prevents a resident from eating his or her favorite foods. Residents may eat or reject certain foods for religious reasons or desire foods that are not available at the facility. These personal considerations should be honored as much as possible without violating the resident's prescribed diet. You can help residents adjust to a prescribed diet by preserving his or her mealtime habits to whatever extent is possible.

Feeding residents may call for a great deal of patience. Residents may eat very slowly, but try not to rush them through meals. Encourage residents to eat, but do not force foods upon them. Find out what kinds of food each resident likes. Describe for those residents who don't see well the foods you serve them and which foods are hot or cold. Alternate solid foods with liquids. Feeding residents in a way similar to how you like to eat may help make the meal more pleasant for them.

Talk with residents during mealtime, but allow each resident to set the pace of the conversation. Some residents will want you to talk more than others. For example, weak residents may not have enough energy to talk and eat at the same time; residents with speech problems may mostly prefer to listen during the conversation; residents who are lonely may need to do most of the talking.

Changes caused by age may affect residents' eating habits. Keep these general characteristics in mind:

- Older people tend to be less active and usually require fewer calories.
- Older people need more minerals and vitamins.
- Residents who have dentures that are loose or do not fit well and those who have poor oral health often can't eat the foods that most commonly provide a balanced diet.
- Older people may eat less because their sense of taste has decreased with age and food is therefore less appealing.

When you are feeding dependent residents or helping independent residents eat, follow these guidelines:

- Avoid performing major tasks just before a meal so the resident will not be too tired to eat.
- Help the resident with any personal needs such as urine elimination, before serving the meal. Remove any items that are unpleasant to look at or that could cause odor, such as bedpans and emesis basins.
- Face the resident when feeding him or her to make the task easier.
- Ask the resident what seasoning to put on his or her food. Do not assume that a resident who cannot season his own food does not like seasoning. If a resident cannot communicate personal preferences, try using a small amount of seasoning and adjust the amount based on the resident's reaction.
- Do not deliver a food tray until you are ready to feed the resident. Try to begin a meal as soon as possible so the heated food will still be warm and chilled food will still be cool.
- Always check the food on the tray before giving it to a resident. Make sure eating utensils and seasonings are provided, and consult the menu card on the tray to make sure the resident's diet is being followed.
- Encourage the resident to do as much for himself as possible. Open difficult packages or beverage containers, if necessary. Spread butter and help with seasonings if the resident wants you to do so.

- * Use a spoon instead of a fork when feeding a dependent resident. Fill the spoon half full. Feed from the tip of the spoon, using a gentle downward pressure on the center of his or her tongue. A resident who is paralyzed on one side of his or her body will chew and swallow more easily if you put food into the side of his or her mouth that is not paralyzed. This method also decreases the resident's chance of choking.

- * If the resident is on I & O (Intake and Output), be sure to write down the amount of intake for each meal accurately.

- * As soon as a resident if finished eating, remove the food tray. It is not pleasant to look at dirty dishes or partially eaten food.

- * Help the resident wash his or her face and hands both before and after the meal.

Hydration and Dehydration

Hydration is the state of having enough fluid in the body. In order to maintain a healthy fluid balance, people usually must consume about the same amount of fluid as they eliminate. People who take in more fluid than they eliminate may develop edema, or fluid retention. Signs of edema are large and sudden weight gains, reduction in urine elimination, and swelling in the feet, ankles, face, hands, and fingers.

On the other hand, dehydration is the state of not having enough fluid in the body. Dehydration frequently occurs among residents of long-term health care facilities. Many residents must depend on the health care staff to bring them water, and they may be reluctant to ask for water when they need it.

Incontinent residents may avoid drinking water to lessen the amount they urinate. Other causes of dehydration include increased sweating, vomiting, bleeding, and diarrhea. The chance of residents developing dehydration can be diminished by keeping fresh water at their bedsides, by offering them water and other beverages whenever you enter the room, and by encouraging them to take an interest in their need to drink water.

EXERCISE 8
EXERCISE ON ORGANIZING AND DEVELOPING PARAGRAPHS

Directions: Construct five paragraphs from the groups of sentences that follow by first identifying the main idea and placing the remaining sentences which provide supporting details, in a logical "sequence of events" order.

Paragraph #1

Assisting with Nutrition and Hydration

1. You can help residents adjust by presenting meals to them in a positive manner and by being patient when they are not able to feed themselves.
2. Food provides energy for tissue growth and repair, and it maintains and regulates many bodily functions.
3. Some residents think of mealtimes as social occasions when family and friends can talk with each other and review the events of the day.
4. Nutrition is important for everyone, including residents of long-term care facilities.
5. Others look forward to meals as a time to relax and read a book or the newspaper.
6. Whatever kind of mealtime residents have enjoyed in the past, eating meals in a long-term care facility may mean a change that can be difficult.

PARAGRAPH #2

Nutrition

1. Illness or change in the body may cause a resident's doctor to prescribe a special diet that prevents a resident from eating his or her favorite foods.

2. With age, however, may come changes that diminish the desire to eat or the ability to feed oneself.

3. You can help residents adjust to a prescribed diet by preserving his or her mealtime habits to whatever extent is possible.

4. These personal considerations should be honored as much as possible without violating the resident's prescribed diet.

5. Residents may eat or reject certain foods for religious reasons or desire foods that are not available at the facility.

6. Food preference is a highly individual matter.

PARAGRAPH #3

1. Alternate solid foods with liquids.

2. Feeding residents in a way similar to how you like to eat may help make the meal more pleasant for them.

3. Residents may eat very slowly, but try not to rush them through meals.

4. Feeding residents may call for a great deal of patience.

5. Describe for those residents who don't see well the foods you serve them and which foods are hot or cold.

6. Encourage residents to eat, but do not force foods upon them.

7. Find out what kinds of food each resident likes.

PARAGRAPH #4

1. Signs of edema are large and sudden weight gains, reduction in urine elimination, and swelling in the feet, ankles, face, hands, and fingers.

2. In order to maintain a healthy fluid balance, people usually must consume about the same amount of fluid as they eliminate.

3. Hydration is the state of having enough fluid in the body.

4. People who take in more fluid than they eliminate may develop edema, or fluid retention.

PARAGRAPH #5

1. The chance of residents developing dehydration can be diminished by keeping fresh water at their bedsides, by offering them water and other beverages whenever you enter the room, and by encouraging them to take an interest in their need to drink water.

2. Incontinent residents may avoid drinking water to lessen the amount they urinate.

3. On the other hand, dehydration is the state of not having enough fluid in the body.

4. Many residents must depend on the health care staff to bring them water, and they may be reluctant to ask for water when they need it.

5. Dehydration frequently occurs among residents of long-term health care facilities.

6. Other causes of dehydration include increased sweating, vomiting, bleeding, and diarrhea.

EXERCISE 9
ASSISTING WITH NUTRITION AND HYDRATION

Directions: Choose a word from the vocabulary list below to fill in the blanks on the statement that follows:

elimination
vitamins
choking
paralyzed
decreased
menu
consult
seasoning
emesis basins
characteristics
dependent
dentures
resident
conversation
calories

Talk with residents during mealtime, but allow each____________to set the pace of the______________. Some residents will want you to talk more than others. For example, weak residents may not have enough energy to talk and eat at the same time; residents with speech problems may mostly prefer to listen during the conversation; residents who are lonely may need to do most of the talking.

Changes caused by age may affect residents' eating habits. Keep these general___________________in mind:

* Older people tend to be less active and usually require fewer___________.

* Older people need more minerals and______________.

* Residents who have____________that are loose or do not fit well and those who have poor oral health often can't eat the foods that most commonly provide a balanced diet.

* Older people may eat less because their sense of taste has____________with age and food is therefore less appealing.

When you are feeding______________residents or helping independent residents eat, follow these guidelines:

* Avoid performing major tasks just before a meal so the resident will not be too tired to eat.

* Help the resident with any personal needs such as urine__________before serving the meal. Remove any items that are unpleasant to look at or that could cause odor, such as bedpans and______________.

* Face the resident when feeding him or her to make the task easier.

- Ask the resident what__________to put on his or her food. Do not assume that a resident who cannot season his own food does not like seasoning. If a resident cannot communicate personal preferences, try using a small amount of seasoning and adjust the amount based on the resident's reaction.

- Do not deliver a food tray until you are ready to feed the resident. Try to begin a meal as soon as possible so the heated food will still be warm and chilled food will still be cool.

- Always check the food on the tray before giving it to a resident. Make sure eating utensils and seasonings are provided, and________________ the ______________card on the tray to make sure the resident's diet is being followed.

- Encourage the resident to do as much for himself as possible. Open difficult packages or beverage containers, if necessary. Spread butter and help with seasonings if the resident wants you to do so.

- Use a spoon instead of a fork when feeding a dependent resident. Fill the spoon half full. Feed from the tip of the spoon, using a gentle downward pressure on the center of his or her tongue. A resident who is________________on one side of his or her body will chew and swallow more easily if you put food into the side of his or her mouth that is not paralyzed. This method also decreases the resident's chance of______________.

- If the resident is on I & O (Intake and Output), be sure to write down the amount of intake for each meal accurately.

- As soon as a resident is finished eating, remove the food tray. It is not pleasant to look at dirty dishes or partially eaten food.

- Help the resident wash his or her face and hands both before and after the meal.

PROGRAM: Health Care

POSITION: Basic Skills Development

TASK STATEMENT: Identifying the noun or nouns in a sentence.

PERFORMANCE CONDITIONS: Student should recognize a sentence. Student should further understand that each complete sentence has a subject and predicate. Student should understand the meaning and proper usage of a subject and predicate.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; Demonstrate the usage of noun in a sentence through various examples; observe the student work through several examples of using a noun in a complete sentence; administer a quiz on using the noun in a complete sentence.

RELATED ACADEMIC VOCABULARY: Noun-refers to a person, place, thing, or idea; bony prominence-an area of the body where bones extend outward from surfaces of the skin, such as elbows; hygiene-conditions and practices that serve to promote good health; decubitus ulcers-an open wound that is caused by the pressure of lying or sitting in one position for a long period of time; linen-garments or articles made from fibers of the flax plant and often used to refer to sheets, towels, and other such items.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; paper; pencil; overhead/opaque projector.

CRITERION REFERENCE: Student will be able to identify and properly use a noun in a complete sentence.

PERFORMANCE GUIDE: hand-out paper and pencil; present examples of usage of noun in a complete sentence on the board; have students demonstrate usage of noun on the chalk board; administer quiz to students to determine extent to which they understand and can identify nouns in a complete sentence.

EXERCISE 10
DEMONSTRATION

DIRECTIONS: Read the statement: **"Providing Daily Care"**

Select one(1) sentence from each paragraph.
Write sentences on a sheet of paper and identify the subject and predicate.
Identify the nouns in each of the sentences you select.

In a certain type of sentence, the subject may be hard to recognize. In a command or instruction, the subject of the sentence is understood to be you. For example, to say, "Go down the stair and turn right" is understood as "You go down the stair and turn right."

Providing Daily Care

Care in the morning is referred to as A.M. care and consists of activities that prepare the residents for the day. These activities include changing the residents' bed linen, preparing the resident to eat breakfast, and helping residents bathe, dress, and brush their teeth or other oral hygiene. Residents should be encouraged to do as much as they can for themselves. They should be dressed and have their hair styled as they normally would. Ask residents about their personal preferences and honor them as much as possible.

Care in the evening is referred to as P.M. care and consists of activities that prepare residents for bed. These activities include giving backrubs and helping the residents brush their teeth or other oral hygiene, wash the face and hands, and dressing for bed.

Any time you provide care, check the residents' bony prominences for redness and irritation to help prevent the development of decubitus ulcers. In addition, check incontinent residents frequently, change their bed linen, and clean patients or bed linen as often as necessary.

Residents should be respectfully acknowledged at all times. Address them by their titles and surnames, such as, Mr. Smith, Mrs. Jones, Dr. Williams, and not by their first names or some other term of endearment, such as "Honey" or "Sweetie." You can show your respect for residents by pulling the privacy curtain around their beds before you perform any tasks. Talk to residents as you care for them. You will learn something about their life histories and, perhaps, past events. You may gain an appreciation of any present difficulties they are experiencing.

EXERCISE 11
QUIZ ON IDENTIFYING NOUNS

DIRECTIONS: Identify the category under which each noun falls by placing an (a) for person (b) for place (c) for thing and (d) idea. The correct letter should be placed in the space along side the corresponding noun.

Example: ___b____ hospital

1.___ Miami

2.___ Paris

3.___ dress

4.___ communism

5.___ Hinduism

6.___ hospital

7.___ boy

8.___ nurse

9.___ emergency room

10.___doctor

11.___disease

12.___love

13.___apple

14.___medicine

15.___Los Angeles

16.___Johns Hopkins

17.___car

18.___housekeeper

19.___ wheelchair

20.___ condition

21.___ surgeon

22.___ nursing home

23.___ healthy

24.___ blood pressure

PROGRAM: Health Care

POSITION: Basic Skills Development

TASK STATEMENT: Understanding singular and plural nouns

PERFORMANCE CONDITIONS: A general understanding of the noun which includes the definition as indicated in previous lesson.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; demonstrate, on the chalk board, examples of the task; have students practice the task on the chalk board; administer quiz to students.

RELATED ACADEMIC VOCABULARY: Singular Noun-a singular noun refers to only one person, place, or thing; Plural Noun-A plural noun refers to more than one person, place, or thing; artery-tubes which carry blood away from the heart; allergy-a sensitive reaction to environmental factors or substances such as pollen, certain foods, or dust; extremity-a bodily limb or appendage such as a hand or foot; mammography-examination of the breast by x-rays in order to detect tumors before they can be felt by hand; paralysis-the inability to move or have sensation in a bodily part; tumor-a swollen tissue that grows independently of the normal rate or structural development of such tissue and serves no physiological function; disk-a thin flat, usually circular plate located in the back portion of the body; infirmary-a place for the care of the sick or injured; syringe-a medical instrument used to inject fluids into the body or draw them out.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; overhead/opaque projector.

CRITERION REFERENCE: Students will be able to form the correct plural noun from the given singular noun.

PERFORMANCE GUIDE: Handout paper and pencil; describe the exercise to the students; demonstrate the exercise to the students on the chalk board; have students practice forming the plural of singular nouns on the chalk board; administer the quiz.

RULES FOR FORMING PLURAL NOUNS

1. Rule #1 - Add "s" to most nouns to form the plural.

   Example: cup becomes cups
   boy becomes boys

2. Rule #2 - Add "es" to nouns ending with s, sh, ch, x, and z.

   Example: boss becomes bosses
   bush becomes bushes

3. Rule #3 - Add s to nouns ending in y if a vowel comes before the y.

   Example: driveway becomes driveways
   bay becomes bays

4. Rule #4 - Change the y to i and add es to a word ending in y if a consonant comes before the y.

   Example: candy becomes candies
   lady becomes ladies

5. Rule #5 - Change the f to v and add es to some nouns ending in f or fe.

   Example: loaf becomes loaves
   leaf becomes leaves

6. Rule #6 - Add an s to some nouns ending in f or fe.

   Example: chief becomes chiefs
   staff becomes staffs

7. Rule #7 - A few nouns do not change form when they are made plural.

   Example: deer remains deer
   sheep remains sheep

8. Rule #8 - A few nouns are made plural by changing their spelling.

   Example: goose becomes geese
   man becomes men

EXERCISE 12
PRACTICE EXERCISE FOR STUDENTS

In concluding this section, the instructor should have each student go to the chalk board and practice changing singular nouns to plural forms. The nouns listed below should be included in this exercise.

DIRECTIONS: Change the singular nouns listed below to the plural form.

1. Dentist ____________________
2. Patient____________________
3. Artery____________________
4. Lung____________________
5. Bone____________________
6. Tumor____________________
7. Therapy____________________
8. Allergy____________________
9. Infirmity____________________
10. Mammography____________________
11. Paralysis____________________
12. Wheelchair____________________
13. Complaint ____________________
14. Illness ____________________
15. Attack ____________________
16. Crutch ____________________
17. Foot ____________________
18. Food ____________________
19. Extremity ____________________
20. Exercise ____________________

EXERCISE 13
QUIZ FOR FORMING THE PLURAL NOUN

DIRECTIONS: Change the singular nouns listed below to the plural form by placing the correct form in the blank space provided.

1. Nurse____________________
2. Hospital_________________
3. Doctor___________________
4. Infirmary________________
5. Syringe__________________
6. Foot_____________________
7. Baby_____________________
8. Mouse____________________
9. Thief____________________
10. Employee_________________
11. Form_____________________
12. Disk_____________________
13. Crutch___________________
14. Gift_____________________
15. Medication_______________
16. Half_____________________
17. March____________________
18. Operation________________
19. Recovery_________________
20. Delivery_________________

PROGRAM: Health Care

POSITION: Basic Skills Development

TASK STATEMENT: Understanding action and linking verbs

PERFORMANCE CONDITIONS: Students should understand the mechanics of sentence construction via subject and predicate. Students should also understand the nature of a noun.

INSTRUCTIONAL ACTIVITIES: Discussion of the key vocabulary; demonstration of activities on the chalk board; observe students practice exercises on the chalk board; administer quiz.

RELATED ACADEMIC VOCABULARY: Verb-part of speech that expresses existence, action or occurrence in most language; Action Verb-a verb which shows action, example, "He destroyed the papers"; Linking Verb-a verb that links the subject to words that describe the subject, example, "John is short"; nutrient-substance that provides the needed energy to the body; gland-an organ that extracts specific substances from the blood and concentrates or alters them for future secretion.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; paper; pencil; overhead/opaque projector.

CRITERION REFERENCE: Student will be able to identify and use the correct verb in speech and in writing.

PERFORMANCE GUIDE: Hand-out paper and pencil; explain the exercise to the students; answer questions from students; demonstrate exercise to students; observe students perform exercises on the chalk board; administer quiz to students.

EXERCISE 14
EXAMPLES OF VERBS

EXAMPLES OF ACTION VERBS: An action verb shows action

1. The ambulance service transports patients.
2. The insurance pays for his visit.
3. Each patient selects his surgeon.
4. The therapist massages the patient.
5. Many endure hardships everyday.

EXAMPLES OF LINKING VERBS: A linking verb links the subject to words that describe the subject.

1. Susan was nervous.
2. They seem calm, despite the ordeal.
3. She is talkative.
4. They were angry.
5. I am satisfied.

Directions: Write the following paragraph on the board; list the verbs and afterwards, have students identify the verbs as action or linking.

The nurse delivered the medications to the patient's room. However, the patient refused to take the medications. He exhibited this same behavior when the doctor attempted to give him his medication. The doctor later decided to administer the medications, intravenously. The patient is now resting normally.

EXERCISE 15
USING ACTION AND LINKING VERBS

Directions: Have students determine if verb usage in the sentences below is either action or linking by placing action or linking in the blank space following the sentence.

1. Massage is an excellent method of preventing bedsores.________

2. When rubbing a resident's back, use long, firm strokes on either side of the resident's spine from the buttocks to the neck.________

3. Use circular motions when massaging a resident's bony prominence.________

4. The patient was nervous about the surgery.________

5. The technique of circular massages pushes old blood out of affected areas and allows it to be replaced with fresh blood.________

6. Massage produces heat, which helps open blood vessels.________

7. Blood vessels carry nutrients and oxygen throughout the body.________

8. After the massage, apply a small amount of powder to help keep the area dry and prevent bedsores.________

9. Too much powder can accumulate on the skin and thereby encourage the development of bedsores.________

10. As a result of aging, the glands produce a decreased amount of oil, which leads to dry skin.________

11. Because of its dryness, the skin becomes more sensitive.________

12. As circulation slows, the skin becomes thin and can be easily torn or damaged.________

EXERCISE 16
QUIZ FOR UNDERSTANDING ACTION AND LINKING VERBS

DIRECTIONS: Please indicate the correct verb usage by placing action verb or linking verb in the space following each sentence.

1. The hospital was cold.____________________
2. Doctors prescribe medication.________________
3. The nurse administers the medication.________________
4. Nursing homes provide long-term care.__________________
5. Orderlies are very strong.__________________________
6. Nurse's aides assist nurses in their duties.___________________
7. The ambulance was on-time.______________________
8. The emergency room was crowded.___________________
9. Sinai Hospital is located in Baltimore.________________
10. He washes his hands daily.________________________
11. Nancy complains all the time._______________________
12. Dr. James is in his office.________________________
13. She appears very angry.________________________
14. The food was old.________________________
15. The doctors ran down the hallway.____________________
16. The patient was saved.___________________________
17. Doctors ask too many questions.____________________
18. Those machines destroy all evidence._________________
19. The weather is warm.______________________________
20. They believe in his ability to heal._____________________

PROGRAM: Health Care

POSITION: Basic Skills Development

TASK STATEMENT: Understanding the pronoun

PERFORMANCE CONDITIONS: Student should have reviewed and understood sections on completing a sentence, understanding the subject and predicate, understanding the noun, and understanding the action and linking verb.

INSTRUCTIONAL ACTIVITIES: Hand-out paper and pencil; explain the exercise to the students; use the chalk board to give examples of usage of the pronoun; observe students write the proper usage of the pronoun; have students write the proper usage of the pronoun; and administer quiz to students on proper usage of the pronoun.

RELATED ACADEMIC VOCABULARY: Pronoun-word that can be used in place of a noun and subsequently in place of a person, place, thing, or idea; administer-to have charge of something; cardiologist-a heart specialist; by-pass operation-an alternative passage created surgically between two blood vessels.

CRITERION REFERENCE: Student will be able to define and properly use a pronoun in any given sentence and during conversation.

PERFORMANCE GUIDE: Hand-out paper and pencil; explain lesson to students; give several examples of usage of a pronoun; write examples on the chalk board; observe students write proper usage of pronoun on the chalk board; administer the quiz.

EXAMPLES OF PROPER USAGE OF PRONOUN

Definition: Pronouns are words used in place of a noun and which are used to refer to a person, place, thing, or idea. Example: Billy threw the ball could be stated as "He threw the ball" with He being the pronoun; example, The house is cold could be stated as "It is cold" with it being the pronoun; example, Mary studied with Dave and Mike, could be stated as "Mary studied with them".

Four Types of Personal Pronouns

Subject:	Object:	Possessive:	Possessive-stand alone
I	me	my	mine
you	---	your	yours
he	him	his	his
she	her	her	hers
it	---	its	its
we	us	our	ours
they	them	their	theirs
who	whom	whose	whose

EXERCISE 17
EXERCISE ON CHOOSING PRONOUN FORM

DIRECTIONS: Change the parts of each sentence in bold type with the correct pronoun. Read the sentence carefully to determine whether to use a subject, object, or possessive pronoun. Remember that there are two types of possessive pronouns.

Example: The **nurse's uniform is white**. Sentence would be changed to indicate, "Her Uniform is white".

1. **Marvin** is going to the infirmary with **Henry and Steve**.
2. **Mrs. Long's** temperature is above normal.
3. **Mary's friends and Mary** left the nurses' station early.
4. **The doctor and I** agreed that **Kevin's** tonsils were healing.
5. **Katy** intends to bring her doctor, so I plan to bring **my doctor**.
6. **The nurses** made cookies for **my brothers and me**.
7. **Steve and his wife** stayed in the emergency room all night.
8. The hospital was too cold for **Mrs. Keys and her mother**.
9. **The hospital staff** was called to a meeting early in the morning.
10. **The nurse** administered **Mr. Jones'** medication.

EXERCISE 18
QUIZ ON CHOOSING THE CORRECT PRONOUN

DIRECTIONS: Choose the correct pronoun for those nouns written in capital letters. Read the sentence carefully to determine whether to use a subject, object, or possessive pronoun. Furthermore, remember that there are two types of possessive pronouns.

1. The DOCTOR'S coat was wrinkled from many years of use.
2. The OPERATING AND RECOVERY ROOMS are located down the hall.
3. The nurse decided to administer medication to MR. BANKS AND MRS. CARTER.
4. THE DOCTOR AND I discussed MR. STEVENSON'S test in detail.
5. THE NURSES AIDES AND ORDERLIES were called to an early morning meeting.
6. SINAI AND MERCY HOSPITALS are located in Baltimore City.
7. Mary placed HER GRANDMOTHER AND HER AUNT in the same nursing home.
8. DR. KELLY AND DR. WEISS spent three hours in the operating room.
9. Two orderlies assisted in securing THE TWO PATIENTS.
10. The doctor met with ROY'S parents to discuss his prognosis.
11. The patient told DR. KIM AND ME about his problem.
12. The nurses were disturbed over MR. KENNEDY'S behavior.
13. The nurses reported any unusual sounds to the CARDIOLOGIST AND the INTERNIST.
14. THE JONES CHILDREN were handled by responsible pediatricians.
15. MR. WILLIAMS had to have a by-pass operation.
16. THE HOSPITAL STAY AND THE RENTAL OF THE TV cost nearly $1,000.
17. THE NURSE'S attitude was reported by THE PATIENT AND ME.
18. The patient remained in a coma for three days before THE DOCTOR AND I could determine the cause of her illness.

19. She informed THE NURSE AND ME that she needed to rest.

20. THE PATIENT AND I were told that the room had been given to MR. AND MRS STEVEN WRIGHT.

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: To Understands Subject/verb agreement

PERFORMANCE CONDITIONS: Students should have a general understanding of the construction of a complete sentence, including subject and predicate. Students should further understand and be able to correctly use a noun, a pronoun, and verb. These lessons which were previously studied are pre-requisites to this lesson.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; explanation of task and performance conditions; demonstration of proper usage of subject/verb; and the administration of quiz to determine proficiency in use of subject/verb.

RELATED ACADEMIC VOCABULARY: Subject - a word or phrase in a sentence that denotes the doer of the action, the receiver of the action in passive constructions, or that which is described or identified; Verb -the part of speech that expresses existence, action, or occurrence in most language; contraction - a shortened word or words formed by omitting or combining some of the letters or sounds; Compound Subject - more than one noun usually connected by the conjunction and, or, nor.

INSTRUCTIONAL RESOURCES: Paper; pencils; chalk; chalk board; overhead/opaque projector.

CRITERION REFERENCE: Students will understand and be able to use in written and spoken English the basic elements of subject/verb agreement.

PERFORMANCE GUIDE: Hand-out paper and pencil; explain the task to the students; demonstrate the task on the chalk board; observe students perform the task at the chalk board; administer quiz to students. .

EXERCISE 19
SUBJECT/VERB AGREEMENT

In writing and speaking it is always important that subjects and verbs agree. In other words, the verb chosen in written or spoken language should agree with the subject. Agreement between subjects and verbs means that you have chosen the correct verb form to match the number and person of the subject. A singular subject takes a singular verb while a plural subject takes a plural verb.

Other Rules which Apply:

1. Keep subject/verb agreement in mind when you see contractions. If you have trouble figuring out the correct form, take the contraction apart. For example, doesn't means does not, don't means do not. Consequently, it is incorrect to say, "He don't belong in here". It is correct to say, "He doesn't belong in here". Note: The "s" form of the verb is used for 3rd person singular(he, she, it does) when talking about someone or something.

2. If the compound subject is connected by "and" the subject is always plural and the verb does not end in "s". For example, Mr. Wallace and his graduate assistant grade the papers.

3. If a compound subject is connected by "or" "nor", "either" "or" the verb agrees with the part of the subject closer to it. For example, "Neither the president nor his vice presidents were present", is a correct usage of verb. The sentence," Neither the vice presidents nor the president was present, is also correct.

Demonstration: Demonstrate further examples of subject/verb agreement to students on the board.

DIRECTIONS: Write the sentence on the chalk board giving the singular and plural verb choices; ask students to identify the correct choice.

1. Mr. Keep (visit, visits) his sister at Johns Hopkins Hospital regularly.

2. The bed linens (need, needs) to be cleaned once a day.

3. His illness is such that he (requires, require) 24 hour care.

4. They (doesn't, don't) believe she will live beyond one year.

5. Corpses (lies, lie) in the morgue until transported to the nearest funeral parlor.

6. The medications (cause, causes) him to sleep constantly.

7. He and his mother (wasn't, weren't) planning to visit his hospital room today.

8. The nurse (were, was) on duty all night.

EXERCISE 20
QUIZ ON SUBJECT/VERB AGREEMENT

DIRECTIONS: Circle the subject in each sentence; afterwards underline the correct verb.

1. The doctor and nurse (was, were) were available to give the sad news.
2. The operating room (is, are) cold.
3. Neither the patient nor his family (know, knows) the extent of his illness.
4. The nurses aides and orderlies (support, supports) the nurses in completing their duties.
5. You (is, are) responsible for checking pulses, regularly.
6. Both patients' temperatures (was, were) above normal.
7. Her blood pressure and that of her relatives (register, registers) within the normal range.
8. The housekeepers (changes, change) the bed linens daily.
9. Time sheets (were, was) due on April 30.
10. Neither Dr. Jones or Dr. Byrd (understands, understand) the nature of his illness.
11. Her illness and that of her children (was, were) diagnosed as hereditary.
12. The three of them (is, are) responsible for caring for their mother.
13. Each of us (is, are) expected to attend the meeting.
14. The admission office and the emergency room (is, are) located on the first floor.
15. Neither Maryland General Hospital nor Sinai (offer, offers) facilities for pediatric care.
16. Cities like Baltimore (has, have) numerous health care agencies.
17. My mother and father (is, are) living at the Levindale Nursing Home.

18. The nurses aides (assist, assists) in turning the patient every two hours.

19. John Hopkins (is, are) one of the largest hospitals in Baltimore City.

20. The Nurses (read, reads) the patient's chart before administering medication.

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: How to solve mathematical word problems

PERFORMANCE CONDITIONS: Student should understand the basic operations of addition, subtraction, multiplication, and division.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; completion of demonstration exercise; and administration of quiz.

RELATED ACADEMIC VOCABULARY: Calculate - to perform an arithmetic operation.

INSTRUCTIONAL RESOURCES: Paper; pencil; chalk; chalk board; overhead projector.

CRITERION REFERENCE: Student will be able to solve a basic math word problem.

PERFORMANCE GUIDE: Pass-out paper and pencil; review the key vocabulary; review and have students read the exercise entitled "Solving Word Problems." Administer the demonstration exercise and have students practice on the chalk board; administer the quiz.

SOLVING WORD PROBLEMS

There is a five-step approach for solving word problems. However, one must always remember that to read the problem carefully and more than once is of paramount importance. The five steps are:

1. Knowing what the question is asking.
2. Selecting important information to use in solving the problem.
3. Selecting the correct arithmetic operation(s), i.e., addition, subtraction, multiplication, or division.
4. Calculating the operation(s), accurately.
5. Reviewing the problem to make sure your solution answers the question, correctly.

In step 1, the question is normally quite obvious. The question can be at the beginning, in the middle, or at the end of the word problem. For example, "Two waffles contain 100 calories. How many calories did Mary consume, if she had a stack of 6 waffles for breakfast?"

In step 2, in deciding which information is necessary, always select the numbers involved with their unit value; for example, in the above example, the necessary information would be:

2 waffles; 100 calories; and 6 waffles.

In step 3, remember that there are four basic operations - addition, subtraction, multiplication, and division. The following exercise will assist in choosing which operation(s) to use:

a. When combining amounts, always add.

b. When finding the difference between two amounts, always subtract.

c. When given one unit of something and asked to find several, always multiply.

d. When asked to find a fraction of a quantity, always multiply.

e. When given an amount for several and asked for one, always divide.

f. When splitting, cutting, sharing, etc., always divide.

In the example given in step 1, you are given the amount of two, to find the amount for one, i.e., two waffles equal 100 calories or 100/2, to receive the amount for one waffle. Afterwards you are given one unit and asked to find several, i.e., 6 waffles equal how many calories? Consequently, one would divide, then multiply. The operation would look like this: 100/2 X 6 = number of calories consumed.

In step 4, the actual calculation would look like this:

100/2 = 50 then 50 X 6 = 300 calories consumed.

That is, if two waffles equal 100 calories, then one waffle would equal 50 calories. 50 calories per waffle multiplied by 6 waffles would equal 300 calories consumed.

In step five, you would repeat the function indicated in step 4. This denotes the common sense of the operation used to solve the problem.

EXERCISE 21
DEMONSTRATION EXERCISE

Directions: Using the chalk board, have students do the following word problems.

1. The secretary will type a 300-word report and a 200-word letter for her supervisor. Since she types 50 words a minute, how many minutes will it take her to complete this assignment?

   Calculation:

2. Dr. Stanley examined 30 patients yesterday. The total fee per patient was $35.00. What was Dr. Stanley's total income yesterday?

   Calculation:

3. The total cost of equipment for the nursing station is $5,000. A down payment of $2,000 was made and the balance is to be paid in 10 equal installments. What are the monthly payments?

   Calculation:

EXERCISE 22
QUIZ ON SOLVING WORD PROBLEMS

Directions: Solve the word problems below by first identifying the question asked; second, the needed information; third, the operation to be performed; and fourth, the calculation. You have 25 minutes to complete this exercise.

1. The hospital personnel office administered 5 entry level tests for entry level positions in data entry. The number of minutes spent on each test is 30. How many minutes were spent altogether in administering the entry level tests in data entry?

   a. Question____________________________________

   b. Needed Information____________________________

   c. Operation(s)_________________________________

   d. Calculation__________________________________

2. The patient in room 201 is limited to 600 calories per day. If the patient's breakfast had 150 calories and lunch had 250 calories, how many calories are left for the patient to consume during dinner?

   a. Question____________________________________

   b. Needed Information____________________________

   c. Operation(s)_________________________________

   d. Calculation__________________________________

3. The housekeeper is required to deliver each day, 2 bath towels, 2 face towels, and 1 wash cloth to each patient's room. If there are 26 patient rooms, how many towels altogether must be delivered?

   a. Question____________________________________

   b. Needed Information____________________________

   c. Operation(s)_________________________________

   d. Calculation__________________________________

4. According to the emergency room staff, Mr. William's bill was $136.00. He paid $30.00 on the day of the examination and $75.00 a week later. What is the balance due on Mr. William's bill?

   a. Question____

   b. Needed Information ____________________________________

   c. Operation(s)____

   d. Calculation____

5. Dr. Richards examined 36 patients a week for a total of 26 weeks. How many patients did Dr. Richards examine over a 26 week period?

   a. Question____

   b. Needed Information____

   c. Operation(s)____

   d. Calculation____

PROGRAM: Health Care

POSITION: Basic Skills Development - All Positions

TASK STATEMENT: How to read decimals

PERFORMANCE CONDITIONS: That students understand basic arithmetic.

INSTRUCTIONAL ACTIVITIES: Reading and reviewing lesson along with students; demonstration of lesson on the chalk board or on the overhead projector; administration of the demonstration exercise; and administration of the quiz.

RELATED ACADEMIC VOCABULARY: digit - any one of the ten numerals from 0 to 9; place value - the place that a digit occupies in a number; decimal point - used to separate the whole number places and the decimal places and read as "and;" whole numbers - any member of the arabic numeric system from 0 to 9, (including negative numerals.)

INSTRUCTIONAL RESOURCES: Paper; pencil; chalk; chalk board; overhead projector.

CRITERION REFERENCE: Student will know how to read decimals.

PERFORMANCE GUIDE: Reading and reviewing lesson along with students; demonstration of lesson on the chalk board or on the overhead projector; administration of Demonstration Exercise; and administration of quiz.

READING DECIMALS

There are ten digits in our number system, i.e., 0,1,2,3,4,5,6,7,8,9. These digits are use to write every number. Furthermore, the place that a digit holds in a number indicates the value of the digit and is referred to as the place value.

A simple chart can be used to read the place value of a number.

						3	9	6	1	●	4	3	3			
Billions	Hundred Millions	Ten Millions	Millions	Hundred Thousands	Ten Thousands	Thousands	Hundreds	Tens	Ones	AND	Tenths	Hundredths	Thousandths	Ten Thousandths	Hundred	Millionths

Draw the chart on the chalk board and explain each place value to students. Start by explaining the following key points:

1. The whole numbers are to the left of the decimal point.
2. The decimals, which are parts of a whole, are to the right of the decimal point, and are sometimes referred to as decimal places and end in "th".
3. The decimal point is used to separate the whole number places and the decimal places; it is read as "and".
4. Always read the whole number part first.
5. Remember to always say "and" for the decimal point.
6. Read the decimal part.
7. When ending, always say the place name of the last digit.

Millionths
Hundred
Ten Thousandths
Thousandths
Hundredths
Tenths
AND
Ones
Tens
Hundreds
Thousands
Ten Thousands
Hundred Thousands
Millions
Ten Millions
Hundred Millions
Billions

EXERCISE 23
DEMONSTRATION EXERCISE

DIRECTIONS: Have students go to the chalk board and write the numbers indicated using the diagram mentioned in the section entitled "Reading Decimals." Afterwards, have them write the number and then say the number out-loud, to the class.

1. 437.91

   diagram: (The instructor should draw the attached diagram on the board)

   *Four hundred, thirty-seven and ninety-one hundredths.

2. 3961.433

   diagram: (See above)

   *Three thousand, nine hundred, sixty-one and four hundred, thirty-three thousandths.

3. 10,452.009

   diagram:

   *Ten thousand, four hundred fifty-two and nine thousandths.

EXERCISE 24
QUIZ ON READING DECIMALS

DIRECTIONS: Have students diagram and then write in words the numbers listed below. They have 45 minutes in which to complete this exercise (The attached diagram should be copied as needed).

1. 342.87

2. 5,482.968

3. 52.54

4. 985.67

5. 25,387.2457

6. 7,891.5

7. 38.58

8. 1312.789

9. 9.2

10. 132.48

Millionths
Hundred Thousandths
Ten Thousandths
Thousandths
Hundredths
Tenths
AND
Ones
Tens
Hundreds
Thousands
Ten Thousands
Hundred Thousands
Millions
Ten Millions
Hundred Millions
Billions

GENERAL ATTITUDE DEVELOPMENT

PROGRAM: Health Care

POSITION: General Knowledge of Health Care - All Positions

TASK STATEMENT: How to care for dying patients

PERFORMANCE CONDITIONS: Students must have a general understanding of basic reading and writing; student must also understand the process of aging and dying.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students; administration of practice quiz; divide students into small groups of three each to discuss their opinions of dying; facilitate discussion.

RELATED ACADEMIC VOCABULARY: Dying - the process of ceasing to live; Shock - a disturbance that jars the mind or emotions as if with a violent unexpected blow; Denial - a rejection of the truth; Anger - a feeling of extreme displeasure towards someone or something; Depression - a feeling involving an element of sadness and helplessness with little drive for socialization or communication.

INSTRUCTIONAL RESOURCES: Chalk Board; chalk; paper; pencils; overhead or opaque projector.

CRITERION REFERENCE: Student will be able to understand and successfully pass a practice quiz on "How to Care for the Dying".

PERFORMANCE GUIDE: Explain task; demonstrate task; hand-out lesson on "How to Care for the Dying"; observe students answer questions during the presentation of material; administer quiz.

HOW TO CARE FOR THE DYING

A number of factors govern the way people feel about death, such as their religious beliefs, their satisfaction with life, and their ability to tolerate pain. You may even find yourself thinking about death seriously for the first time when working with patients who are nearing death. When caring for a dying patient, talk to other employees who have cared for the dying or to staff members who have worked with patients who have died. Do not feel guilty or helpless because your care did not prevent a patient from dying; help the patient face death peacefully, comfortably, and with as much dignity as possible.

Develop the art of listening; especially to patients that are dying. This simple act can help the patient as he or she tries to understand life and accept death. Most patients will grieve over their approaching death. Psychologists recognize five stages in the grieving process: Shock, denial, anger, depression, and acceptance.

SHOCK - For most of us, death is an abstract idea that has little reality until we are old, so most of us react with shock when we realize we are dying.

DENIAL - After the initial shock, people often believe that they will recover. During this denial stage, patients may want people to say that their health is improving. Patient families sometimes accept the patient's denial and try to hide the patient's true condition from him or her. Do not deceive a patient or family members if they ask you about a patient's condition; it is better for the patient to try to cope with reality.

ANGER - In the third stage of the grieving process, the patient knows that he or she is dying and becomes angry, asking "why me?" They may try to blame you, or whoever is around, for their approaching death.

DEPRESSION - Eventually, the patient's anger will change to depression, which is the fourth stage of the grieving process. They will be despondent and may wish they could die right away. The patient may feel self-pity and regret decisions made a long time ago. Tell the patient that you are trying to understand why he or she feels depressed, but don't console him or her.

ACCEPTANCE - The last stage of the grieving process is acceptance; at this time the patient should come to terms with death.

The degree to which patients move through the grieving process varies. Some may even experience the stages in a different order or die before completing the process. Regardless of the extent to which the patient comes to accept death, he or she will need your care and understanding.

When you work with a dying patient, you may find that the patient's ideas about what will happen after death differ from yours. You should refrain, however, from trying to persuade the patient to agree with your convictions. Respect the patient's religious beliefs, both before and after the patient's death. Check the policy of your employer about any religious observances that the patient requests. For example, practicing Catholics call a priest to the bedside of someone who is dying; Orthodox Jews should not be touched after death until a rabbi arrives.

When friends, family, or clergy visit a dying patient, provide them with as much privacy as possible. Most facilities extend visiting hours under these circumstances. Continue to care for the patient as you normally would. For example, ask visitors to wait outside when you must perform a task that requires privacy, but work as quickly as possible. Be as helpful as you can to visitors of dying patients; let them know if meals can be served to them and where to obtain beverages. Most of all, be willing to listen to a patient's family or friends if they need to talk about his or her inevitable death.

At times it may seem as though a dying patient is less important than other patients, but this is not the case. Continue to make the patient as comfortable as possible. Physical changes that occur shortly before death will cause discomfort. Eyesight begins to fail, so the patient may want more light in the room. The circulatory system slows down, so the patient may be cold and need more blankets. The patient may have trouble breathing and the charge nurse may ask you to use a swab coated with glycerine to help relieve the irritation of the patient's nostrils or lips. If the patient is breathing through his or her mouth, offer water frequently and use mouthwash to freshen the inside of the mouth. The charge nurse may also use suction to remove secretion from the mouth. The patient may soil the bed often, so change the bedding and cleanse the patient as needed.

Our lives usually do not prepare us to feel comfortable with death. Try not to feel embarrassed or inadequate if you are nervous around people who are dying. If you become depressed or upset when you work with dying patients, talk to another member of the health care team or to the staff social worker. If you are religious, talk to a member of the clergy. Your success as an employee will increase with your ability to give dying patients the emotional support and professional care they need.

EXERCISE 25
HOW TO CARE FOR THE DYING

DIRECTIONS: Indicate the degree of accuracy of each statement by placing True or False in the blank following each statement.

1. Religious beliefs, satisfaction with life, and the ability to tolerate pain influence the way people feel about death.______________
2. Working with dying people will not cause you to think seriously about death.__________________
3. You should not consult with other employees who have experience in dealing with dying people, when working with the dying._________________
4. You should not feel guilty because your care did not prevent a patient from dying._______________________
5. You should avoid talking and listening to patients that are dying as it can interfere with their dying peacefully._______________
6. Psychologists recognize five stages in the grieving process, namely: Shock, denial, anger, depression, and acceptance.______________
7. Denial follows shock in the grieving process._______________
8. Patients will not try to blame you or anyone around for their approaching death.______________________
9. Acceptance is the last stage in the grieving process.______________
10. People move through the grieving process at the same rate.___________________
11. All persons have the same ideas about what will happen after death.______________________
12. You should not try to persuade patients to understand your religious beliefs.__________________
13. Orthodox Jewish patients should be touched immediately after death and before the rabbi arrives.________________________
14. Physical changes that occur shortly before death will not cause discomfort to patients.___________________

15. As the circulatory system slows down, the patient may experience coldness and need more blankets.______________

16. Water should be given frequently to patients who are dying and breathing through the mouth.______________________

17. Talk to another staff person should you become depressed around working with dying people._____________________

18. If patients need more light while dying, it is normal as he/she is experiencing the loss of eyesight.______________

19. Our lives usually prepare us to feel comfortable with death.________________

20. Talking to a member of the clergy may help to relieve some anxiety in working with dying people.________________

PROGRAM: Health Care

POSITION: General Health Care Orientation - All Positions

TASK STATEMENT: Caring for patients/residents with AIDS

PERFORMANCE CONDITIONS: Basic reading and writing.

INSTRUCTIONAL ACTIVITIES: Explain exercise to students; read the introductory materials; observe students perform practice exercise; administer quiz.

RELATED ACADEMIC VOCABULARY: AIDS - Acquired Immune Deficiency Syndrom is a disease which destroys the body's ability to fight-off infections; ARC - AIDS-Related Complex is an infection or conditions that is AIDS related but has not reached full-blown AIDS status; and HTLV-III or LAV - the virus which commonly causes AIDS and is located in body fluids, mostly blood and semen.

INSTRUCTIONAL RESOURCES: Paper; pencil; chalk board; chalk; overhead/opaque projector.

CRITERION REFERENCE: Student will be able to respond to and properly assist patients/residents who are HIV positive.

PERFORMANCE GUIDE: Hand-out paper and pencil; explain/read exercise; demonstrate exercise; practice exercise with students; observe students; administer quiz.

INTRODUCTION TO AIDS

Acquired Immune Deficiency Syndrome (AIDS) ia a disease which destroys the body's immune system and impairs the body's ability to fight-off infection. Researchers are still attempting to find a cure for this disease, at present, there is no known cure.

AIDS is generally caused by a virus, HTLV-III or LAV, which can lead to full-blown AIDS or ARC (AIDS related complex). This virus is mainly present in body fluids, like blood and semen.

While the symptoms of AIDS are similar to those of other illnesses, the symptoms however are usually more severe and linger longer. These symptoms include, but are not limited to:

1. Recurring fever "night sweats".
2. Dry coughs not related to a cold or smoking.
3. Unexplained weight loss of 10 pounds or more.
4. Cuts or infections that do not heal as quickly as usual.
5. Swollen lymph glands in the neck, underarm, or groin area.
6. Persistent tiredness combined with headaches, dizziness, or light headedness.
7. Persistent diarrhea.
8. White spots or patches in the mouth.
9. Easy bruising or unexplained bleeding from any part of the body.
10. Pink or purple blotches on or under the skin.

Some people who carry the AIDS virus will appear in good health. Others develop full-blown AIDS that leads to eventual death, or develop ARC which can be debilitating to the body and person.

The AIDS Virus is spread when infected blood or semen enters the bloodstream of an uninfected person. It can be spread through sexual contact, sharing needles, or occasionally through blood transfusions. Even though the virus has been found in saliva and tears, there is currently no evidence that AIDS can be transmitted through casual contact with either of these body fluids. The AIDS virus is not spread by casual contact such as handshaking, sneezing, coughing, spitting, or through the use of shared bathroom facilities, swimming pools, dishes, utensils, or food.

EXERCISE 26
PRACTICE QUIZ ON INTRODUCTION TO AIDS

DIRECTIONS: Please indicate the accuracy of each statement by placing True in the blank following the statement if the statement is accurate and False if the statement is inaccurate.

1. AIDS stands for Acquired Immune Deficiency Syndrome.____________
2. All persons who carry the HTLV-III or LAV virus will develop AIDS.______________
3. The virus, HTLV-III or LAV, does not cause AIDS.____________
4. AIDS destroys the body's ability to fight infections.______________
5. Currently, there is a cure for AIDS.__________________
6. The AIDS virus can be found in blood, tears, semen, and saliva.____________
7. The symptoms of AIDS are not similar to those of other illnesses._______________
8. Heavy breathing and shortness of breath are signs of AIDS.________________
9. White spots or patches in the mouth are symptoms of AIDS.______________
10. Coughs related to colds or smoking are signs of AIDS.__________________
11. Swollen lymph glands in the neck, underarm, or groin area are signs of AIDS._______________
12. AIDS cannot be spread by casual contact._________________

CARING FOR PATIENTS/RESIDENTS WITH AIDS

There are some general safety precautions that should be recognized when caring for patients/residents with AIDS.

1. One should avoid direct skin contact with mucous membranes, bodily fluids, secretions, excretions, and wounds.
2. One should wear rubber gloves and gowns, when there is a likelihood that one will have contact with blood, body fluids, or objects that could be contaminated with blood, such as razors or tooth brushes.
3. One should wear protective eye coverings and a surgical mask when there is the risk of spraying or splashing infectious materials, such as blood or urine.
4. Pregnant women should avoid contact with AIDS patients because AIDS patients frequently carry the cytomegalovirus which causes congenital infections.
5. One should avoid contact with AIDS patients if one has a cold or some other minor infection, as AIDS patients are highly susceptible to infections.

Other precautions that should be taken in caring for AIDS patients are:

1. Disposable items should be put in plastic bags, identified as contagious/contaminate, sealed and removed with other garbage.
2. Soiled linen and clothing should be laundered using detergent and the hot wash cycle, then dried.
3. Dishes should be washed in hot soapy water and rinsed in hot water.

While most disinfectants are strong enough to kill the AIDS virus, disinfectants containing a 0.1% concentration of sodium hypochlorite or a 0.01% concenation of glutaraldehyde destroy the virus immediately. In some instances, a 1:10 solution of bleach and water for disinfecting surfaces may also be used.

Patients with AIDS frequently experience anxiety, fear, and depression. Factors that influence this feeling are the knowledge that they have a fatal illness, separation from family, friends, and work, periods of isolation from others, slow physical deterioration, and their increasing dependence on others for care. Patients need your compassion, mental, and emotional support. Regular visits should be made while establishing supportive communication through conversation. Patients that are ambulatory should be encouraged to leave their rooms and use the facilities to help relieve the sense of loneliness and helplessness.

Follow the policy of your agency when answering questions posed by other patients regarding AIDS. Always take care in providing the most accurate information; always remembering that the risk of contacting the AIDS virus from an HIV positive person is very low, if you follow the universal precaution and guidelines specified and those of your agency.

EXERCISE 27
CARING FOR PATIENTS/RESIDENTS WITH AIDS

DIRECTIONS: Please indicate the accuracy of each statement by placing True or False in the blank following each.

1. The AIDS virus cannot be contracted by direct skin contact with mucous membranes, bodily fluids, secretions, excretions, or wounds.________________

2. Rubber gloves and gowns should be worn when there is a likelihood of contact with blood, body fluid, or other contaminated objects.______________________

3. Pregnant women are not at risk through contact with AIDS patients carrying the cytomegalovirus.____________________

4. If you have a minor cold or infection, you do not place an AIDS patient at-risk of catching the virus.____________

5. Disposable items should be placed in plastic bags, sealed and removed with other garbage.____________________

6. Most disinfectants are strong enough to kill the AIDS virus.__________________

7. AIDS patients do not experience anxiety, fear, and depression.________________

8. The knowledge that they have a fatal illness causes AIDS patients to be depressed.________________

9. AIDS patients need your compassion, mental, and emotional support.________________

10. AIDS patients should be encouraged to stay in their rooms and not have general contact with employees or patients.
____

11. Employees should not freely answer questions posed by patients about AIDS unless they consult with the agency's policy.___________________

12. The risk of catching AIDS from an HIV positive person is very low.___________________

PROGRAM: Health Care

POSITION: General Health Care - All Positions

TASK STATEMENT: How to care for the aged

PERFORMANCE CONDITIONS: A general understanding of basic reading and writing.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task using chalk board or overhead projector; observation of students in responding to questions related to the task; reading the material related to the task; administration of practice quiz.

RELATED ACADEMIC VOCABULARY: Aging - the process of maturing/getting older; Geriatrics - the study of aging.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; paper; pencils; overhead projector/opaque projector.

CRITERION REFERENCE: Student will be able to read, understand and pass practice quiz on "How to Care for The Aged".

PERFORMANCE GUIDE: Hand-out paper and pencil; explain the task; hand-out reading material; outline reading material on the chalk board; ask questions of students; administer practice quiz.

HOW TO CARE FOR THE AGED

Aging is viewed by many as a process of degeneration that starts around the ages of 60 to 65. People, however, do not suddenly become old; aging is an ongoing process that begins upon reaching maturity and continues throughout our lives. The aging process is often difficult for people to accept, for older people often face forced retirement and have few opportunities to use their occupational skills.

The middle adult years are normally between the ages of 40 and 60. It is during this period that people contribute most to society. Professional careers peak and the top of their earning scale is usually reached. Older people oftentimes hold positions of power that allow them to make meaningful changes in their communities. Likewise, leisure time increases as children leave home and retirement ensues. Older people are most likely to achieve their goals, feel the most productive, and command the most respect during the latter years.

People live longer now than did their ancestors, and consequently, the number of older people in society is increasing. Geriatrics, or the study of aging, is helping to bring about changes how we view older people.

The change to old age begins in the middle years. The process of moving from middle age to old age can be a difficult time. The change from the most productive years to the least productive years can seem surprising to some. Death feels closer to the elderly when their friends and relatives begin to die and they relate others' deaths to the fact that they, too, will die. Getting old means an end to action and a beginning of reflection. The problems the elderly must solve, however, are profound.

Old people who live in nursing homes can no longer meet some of their basic needs. In order to be a healthy individual, a person must be able to satisfy basic life-sustaining needs - such as food and shelter, and emotional needs - such as security, respect, and love.

Nursing homes have been able to meet their residents life-sustaining needs but have not been as successful in meeting their emotional needs. The difficulty of moving into what is often a sterile, institutional environment, is compounded by the fact that many residents did not choose to live there. People are often upset when they are forced to give up living independently and move into facilities that can accommodate few of their individual preferences. Residents and patients, alike, should be made to feel liked, accepted, and cared for.

Many physical changes occur in the body in old age that make it harder for the elderly to take care of themselves. The central nervous system gradually slows down, which alters the way people feel temperature changes and pain. The sense of balance deteriorates, making it harder to walk without falling. Blood pressure drops more easily, so a simple change of position from lying down to sitting, or from sitting to standing, can cause dizziness or fainting. Poor blood circulation to the brain can cause confusion and other symptoms of senility. Skin becomes dry, irritated, and tears easily because the oil glands produce less oil. Muscles and joints ache and become stiff, bones become brittle, and chewing and swallowing become more difficult. Many people lose some or all of their teeth and must wear dentures. In some case, sight and hearing decline, and internal muscles weaken, which can cause frequent urination and inability to move the bowels without using laxatives.

EXERCISE 28

HOW TO CARE FOR THE AGED

DIRECTIONS: Write True or False in the blank following each statement to indicate the extent of its accuracy.

1. The aging process is an on-going process that begins upon reaching maturity and continues throughout our lives.______________
2. People always accept the process of getting old._____
3. People contribute most to society during the middle adult years from 30 to 40 years old.____________________
4. Older people normally possess power and more leisure time.____________
5. People live longer now than did their ancestors._____
6. The number of older people in our society is decreasing.________________
7. Geriatrics is the study of aging._____________________
8. The process of moving from middle age to old age is always an easy transition.____________________
9. Deaths of friends and relatives make death seem closer, to the older person._______________
10. People who live in nursing homes can meet all of their basic needs.____________________
11. Basic needs of life are food, shelter, and emotional needs such as security, respect, and love._________________
12. Nursing homes have been able to satisfy not only the basic needs of residents, but also their emotional needs.________________
13. Old people are frequently upset when they are forced to give up living independently and move into nursing homes that can't always provide for individual preferences._____________________
14. The central nervous system slows down in older people thus making different the way they experience temperature changes and pain._______________

HEALTH CARE GENERAL

KNOWLEDGE SURVEY

PROGRAM: Health Care

POSITION: General Health Care Knowledge - All Positions

TASK STATEMENT: To complete an application for employment.

PERFORMANCE CONDITIONS: Understanding of basic reading, writing, and math.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students in the performance of task; administration of quiz.

RELATED ACADEMIC VOCABULARY: Application for employment - a form that is comppleted to obtain a job; Position applied for - the job that one is desiring to receive as a result of completing the application for employment; Full-time - to work at least 40 hours per week; Part-time - to work less than 40 hours per week; Weekends - to work only on Saturdays and Sundays; Shift - the particular hours a group of workers choose to work - normally in 8 hour increments; Expected rate of pay - the salary that is desired - could be given in hourly, weekly, bi-weekly, monthly, or yearly installments, e.g., $7.50 per hour or $250.00 per week; Education - the level of formal schooling; License - a permit which·gives you special privileges usually to perform specific tasks, Certificate - a written statement which denotes ability to perform specific tasks, Military Service - time spent serving in the army, navy, air force, or marines; Experience - past employment history.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; application of employment; and pencils.

CRITERION REFERENCE: Student will be able to successfully complete an application of employment.

PERFORMANCE GUIDE: Receive material; read material; follow instructions; answer questions; perform practice exercises; take exam.

EXERCISE 29
PRACTICE EXERCISE - COMPLETING AN APPLICATION FOR EMPLOYMENT

DIRECTIONS: Instructor should review and complete each blank on the attached application for employment. Each step should be fully explained to students as you proceed. Students should be required to follow-along by completing each blank along with the instructor. The instructor may wish to use the personal information of one of the students in completing the practice exercise. Duplicate as many of the application for employment forms as needed.

(SEE ATTACHED APPLICATION FOR EMPLOYMENT FORM)

Applicaton for Employment

PLEASE TYPE OR PRINT IN INK

1. Position applied for: 1st Choice 2nd Choice
2. Will you Work? (Circle Preference) Full time Part time
3. Hours available for work
4. Shift Preference (Circle) Day Evening Night
5. Name (Last, first, middle)
6. Home Phone
   Work Phone
7. Address (number, Street, City, State and Zip Code)
8. Social SecurityNumber
9. Date Available for work
10. Expected rate of pay

11. EDUCATION

A. Circle indicating highest grade completed
1 2 3 4 5 6 7 8 9 10 11 12

B. If you graduated from High school, give date

C. Name and location of last high school attended

D. Name and locaton of college or university	Major	Dates Attended		Degree received	Year received
		From	To		

E. Other schools or training (for example, trade vocation, Armed Forces, or business). Give for each, the name and location, dates attended, subjects studied, certificates awarded, etc.

12. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, registered nurse, operating engineer, C.P. A., etc.)	B. State or liscensing authority license no.	C. Year of first license or certificate	D. Year of latest or certificate

E. Special skills you possess and machines and equipment you can use. (For example, keypunch, trascribing machine, scientific or professional devices)

F. Approximate number of words per minute
Typing | Shorthand

G. Special qualifications not covered in application . (For example, membership in professional or scientific societies, etc., and honors and fellowships)

Answer the following by Circling YES or NO. If NO to item 13 or YES to itdems 14 through 20, give details in REMARKS at bottom of page.

13. Are you a citizen of the United States of America (If NO, list type of visa and number below) .... YES NO
14. Are you under 18 years of age?........ YES NO
15. Do you have any mental and/or physical condition and/or are you taking any medication that would affect your job performance........ YES NO
16. Have you worked with this agency .... YES NO
17. Do yoy have any relatives working with this Agency?........ YES NO
18. Have you every been convicted of a felony?........ YES NO
19. Please indicate any other name under which you have worked........ YES NO
20. Referred by (name of newspaper, agency, friend, relative, etc.)........ YES NO

21. MILITARY SERVICE

Have you ever been on active duty in the armed forces of the U.S.?
CIRCLE: YES NO

(86A)

22. EMPLOYMENT HISTORY BEGINNING WITH YOUR MOST RECENT JOB

Job Title: Dates of Employment:
Description of Work:
Immediate Supervisor: Telephone Number:
Reason for Leaving:

Job Title: Dates of Employment:
Description of Work:
Immediate Supervisor: Telephone Number:
Reason for Leaving:

Job Title: Dates of Employment:
Description of Work:
Immediate Supervisor: Telephone Number:
Reason for Leaving

Job Title: Dates of Employment:
Description of Work:
Immediate Supervisor: Telephone Number:
Reason for Leaving

Job Title: Dates of Employment:
Description of Work:
Immediate Supervisor Telephone Number:
Reason for Leaving:

I agree that the information provided in this application is true and accurate.

Signature

Date

BEST COPY AVAILABLE

EXERCISE 30
QUIZ - COMPLETING AN APPLICATION FOR EMPLOYMENT

DIRECTIONS: Using the facts in the story below, complete the attached application for employment. First, read the story, then proceed with completion of the application.

"Mary Jane is filling-out an application at Liberty Medical Center for the position of dietary aide. Since she has small children in school during the regular work hours and at home in the evening, Ms. Jane would rather work the day shift on a full-time basis. She lives at 1601 Cascade Ave. in Baltimore, Maryland 21234. Her social security number is 363-48-5763. Her home phone number is 467-8759. Since she is not currently employed, she indicated that she is available immediately for work and that her expected salary is open to negotiations.

Since Ms. Jane had her first child at the age of 16, she had only 11 years of schooling. She had no other formal schooling. She has no special licenses or certificates; however, she does know how to operate a cash register and adding machine. She does not belong to any professional organizations. She is a US citizen, over 18 years of age. As far as she knows, she has no physical disorders and currently is not on any medication. She has never been employed by either Lutheran or Provident Hospitals or the Liberty Medical Center. She has one brother currently employed at Liberty Medical. She has not ever been convicted of a crime and has never worked under another name. Her brother informed her of this job.

Ms. Jane has never been in the military service. Before applying for this job she served as cashier for the Park Ave Soul Food Restaurant. She worked there from January 1988 - December 1990. She left because the restaurant went out of business. Her immediate supervisor was Mr. Oakley, the owner. She does not know his address. Her main responsibility was keeping record of all incoming cash. Before this assignment, Ms. Jane was a cashier for the Giant Food Store at 3505 York Ave., Baltimore, Maryland 21254. She worked there from May 8, 1986, to December, 1987. She was laid-off in December, 1987. In her job at Giant, Ms. Jane was responsible for receiving and properly recording all items purchased by customers. She also had to maintain proper accounting of funds received. From August 1983 to June 1985 Ms. Jane was dietary assistant for the Baltimore Public School system. She reported to Mrs. Alice Cooper, her immediate supervior whose address was Baltimore Public Schools, 1304 North Ave., Baltimore, Maryland 21218. She left this job in order to have Her child. However, the school system decided they needed someone to take her place and that they could not hold her job until she had the baby. In her capacity with the school system she assisted in all levels of kitchen help, including cooking, washing pots and pans, cashiering, and serving students. The school system's telephone number was (301) 454-8899".

APPLICATION IS ATTACHED

Applicaton for Employment

PLEASE TYPE OR PRINT IN INK

1. Position applied for: 1st Choice 2nd Choice	2. Will you Work? (Circle Preference) Full time Part time	3. Hours available for work	4. Shift Preference (Circle) Day Evening Night

5. Name (Last, first, middle)

6. Home Phone
Work Phone

7. Address (number, Street, City, State and Zip Code)

8. Social SecurityNumber	9. Date Available for work	10. Expected rate of pay

11. EDUCATION

A. Circle indicating highest grade completed
1 2 3 4 5 6 7 8 9 10 11 12

B. If you graduated from High school, give date

C. Name and location of last high school attended

D. Name and locaton of college or university	Major	Dates Attended		Degree received	Year received
		From	To		

E. Other schools or training (for example, trade vocation, Armed Forces, or business). Give for each, the name and location, dates attended, subjects studied, certificates awarded, etc.

12. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, registered nurse, operating engineer, C.P. A., etc.)	B. State or liscensing authority license no.	C. Year of first license or certificate	D. Year of latest or certificate

E. Special skills you possess and machines and equipment you can use.
(For example, keypunch, trascribing machine, scientific or professional devices)

F. Approximate number of words per minute
Typing
Shorthand

G. Special qualifications not covered in application . (For example, membership in professional or scientific societies, etc., and honors and fellowships)

Answer the following by Circling YES or NO. If NO to item 13 or YES to itdems 14 through 20, give details in REMARKS at bottom of page.

13. Are you a citizen of the United States of America (If NO, list type of visa and number below) .... YES NO
14. Are you under 18 years of age? .... YES NO
15. Do you have any mental and/or physical condition and/or are you taking any medication that would affect your job performance .... YES NO
16. Have you worked with this agency .... YES NO
17. Do yoy have any relatives working with this Agency? .... YES NO
18. Have you every been convicted of a felony? .... YES NO
19. Please indicate any other name under which you have worked .... YES NO
20. Referred by (name of newspaper, agency, friend, relative, etc.) .... YES NO

21. MILITARY SERVICE

Have you ever been on active duty in the armed forces of the U.S.?
CIRCLE: YES NO

99

22. EMPLOYMENT HISTORY BEGINNING WITH YOUR MOST RECENT JOB

Job Title: Dates of Employment:

Description of Work:

Immediate Supervisor: Telephone Number:

Reason for Leaving:

Job Title: Dates of Employment:

Description of Work:

Immediate Supervisor: Telephone Number:

Reason for Leaving:

Job Title: Dates of Employment:

Description of Work:

Immediate Supervisor: Telephone Number:

Reason for Leaving

Job Title: Dates of Employment:

Description of Work:

Immediate Supervisor: Telephone Number:

Reason for Leaving

Job Title: Dates of Employment:

Description of Work:

Immediate Supervisor Telephone Number:

Reason for Leaving:

I agree that the information provided in this application is true and accurate.

Signature

Date

PROGRAM: Health Care

POSITION: General Health Care Knowledge - All Positions

TASK STATEMENT: To complete a time sheet

PERFORMANCE CONDITIONS: Understanding of basic reading, writing, and math.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students in the performance of task; administration of quiz.

RELATED ACADEMIC VOCABULARY: Position - a particular job within an organization; Employee - a person hired in a position to perform specific tasks; Employer - a person or agency that hires others in positions to perform specific tasks; Time Sheet - a formal schedule used to chart work activities; Full-Time - a phrase generally used to denote employment at 40 hours a week; Part-Time - a phrase generally used to denote employment at less than 40 hours a week; Hour - used to indicate 60 minutes of work; Vacation - the allotted time an employee can use at his/her discretion and still be paid by the employer; Sick-leave - the allotted time an employee can use for circumstances dealing with illness and still be paid by the employer; Holiday - the special days in which employees are allowed time-off while receiving pay; Over-time - the time paid to an employee who works over and beyond the allotted full-time hours.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; time sheets; pencils.

CRITERION REFERENCE: Student will be able to successfully complete a time sheet.

PERFORMANCE GUIDE: Receive material; read material; follow instructions; answer questions; perform practice exercises; take exam; complete sample time-sheet.

EMPLOYEE TIME SHEET

COLLEGE OR UNIVERSITY	CLASS CODE	CLASSIFICATION TITLE	DEPT CODE	DEPT NAME

SOCIAL SECURITY NUMBER	NAME	BEGIN DATE	END DATE

PIN No.	Job Code	Assign #	Shift Code	OT Code	Full-Time Bi-wk Leave Rate	Sto Hrs	Pay ID#	Timekeeper Location	Leave Accrual Date	

[illegible]

1 TO 6	.1 - 1/10
7 TO 12	.2 - 2/10
13 TO 18	.3 - 3/10
19 TO 24	.4 - 4/10
25 TO 30	.5 - 5/10
31 TO 36	.6 - 6/10
37 TO 42	.7 - 7/10
43 TO 48	.8 - 8/10
49 TO 54	.9 - 9/10
55 TO 60	.0 - 1 HR

170 Annual
172 Annual WOPA
180 Sick-Illness
181 Sick-Adoption
182 Sick-Bereavement
183 Sick-Advanced
184 Sick-Extended
185 Accident Leave
187 Sick-Reserve Fund
190 Holiday
300 Personal
301 Personal-WOPA
420 Unpaid Leave
421 Sick-LAW
430 Military
440 Jury Duty
450 Admin
460 Exam/Interview
470 Comp Earned
471 Comp Taken
888 Excep. Days Off

Timekeeper Initial

								WK #1 TOTAL								WK #2 TOTAL	TWO-WK TOTAL
								▨								▨	▨
SHIFT IND								▨								▨	▨
START TIME								▨								▨	▨
TIME OUT								▨								▨	▨
TIME IN								▨								▨	▨
TIME OUT								▨								▨	▨
TIME IN								▨								▨	▨
STOP TIME								▨								▨	▨
HOURS WORKED																	
SICK OCCUR								▨								▨	▨
LEAVE CODE								▨								▨	▨
LEAVE HRS USED																	
LEAVE CODE								▨								▨	▨
LEAVE HRS USED																	
TOTAL HOURS																	
REG PAY HRS																	
OT PAY HRS																	
COMP EARNED 470																	
MISC ADJ																	

LEAVE STATEMENT

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR

PERSONNEL COPY

BEST COPY AVAILABLE

(86A)

INSTRUCTIONS FOR COMPLETING TIMESHEET

1. **SHIFT INDICATOR**
   Enter an "X" in this square if you are eligible for a shift differential for work day.

2. **START TIME**
   Enter the clock time when you begin your work day.

EXPLANATION OF TIME OUT/TIME IN BLOCKS:

If you plan on being away from the office during your normal work hours, either for a doctor's appointment or other reason, and will be using any type of leave, use this section to record the hours you are away from the office.

If you work a full day, or a half day, and there is no break in the hours worked, you may disregard the TIME OUT/TIME IN blocks. Two separate time out/in's are provided for use each day.

3. **TIME OUT**
   Enter the time you leave work. This block can be used when your lunch period begins.

4. **TIME IN**
   Enter the time you return to work in this block. This block can be used to record when your lunch period ends.

5. **TIME OUT**
   If you leave the work site more than one time per day, enter the time you leave work in this block.

6. **TIME IN**
   Enter the time you return to work in this block.

7. **STOP TIME**
   Enter the clock time you end your work day in this block.

8. **HOURS WORKED**
   Enter the total number of hours worked on this day. The hours recorded in this block are your actual hours worked, minus any TIME OUT/TIME IN hours recorded.

9. **SICK OCCURRENCES**
   These blocks will be filled out by the timekeeper. A "Y" (for yes) will be entered if the employee uses sick leave that is counted as an occurrence; an "N" (for no) will be entered if the sick leave is not counted as an occurence.

10. **LEAVE CODE**
    Enter a three-digit leave code for any leave you are using on this day; e.g., annual leave would be recorded using "170". Refer to Leave Code legend on the front of the timesheet for valid leave codes.

11. **LEAVE HOURS USED**
    Enter the number of hours of leave used on this day; e.g., 3.5 hours of leave would be recorded as "3.5", 7.1 hours would be recorded as "7.1" etc. An example of a leave code entry is as follows:

Leave Code	1 7 0
Leave Hrs. Used	7.1

12. **LEAVE CODE**
    If you plan on using more than one leave type on the same day, enter a different three-digit leave code for the leave you are using on the day; e.g., Personal leave (Code 300) for 3.5 hours and Annual leave (Code 170) for 3.6 hours.

13. **LEAVE HOURS USED**
    Enter the number of hours of leave used in this block, as described in Para. 11 above.

14. **TOTAL HOURS**
    Enter the total hours. This will include hours worked and leave hours used.

15. **REGULAR PAY HOURS**
    Enter here the number of hours you are paid for this day. Include daily hours, a Week 1, Week 2 and Two-Week Total.

16. **OVERTIME PAY HOURS**
    Enter here the number of hours you are to be paid overtime. This should only include the hours over and above your normal pay hours which you are authorized to work.

    Example: If you are eligible for overtime payment and your normal pay hours are 7.1 and you worked 3 hours overtime, enter 3.0 hours in this block.

17. **COMP EARNED**
    Enter the number of comp. hours you will earn. This should only include the hours over and above your normal pay hours which you are authorized to work but are not paid in cash overtime.

    Example: If you are eligible for comp time and your normal pay hours are 7.1 and you worked two additional hours, enter 2.0 in this block. Show total hours earned in Week 1, Week 2, and Two-Week Total. The two-week total field is critical since the timekeeper uses this total to report compensatory time earned during the entire two-week pay period. Record two-week total in hours.

18. **MISCELLANEOUS ADJUSTMENTS**
    Enter any adjustments necessary for your payroll department. Some individuals may be working out of their shift during that shift and must be paid at a higher rate for part of that shift. Enter the number of hours worked and any other pertinent information.

19. **REMARKS**
    This block should be used to record any remarks concerning your time input for this reporting period. An example would be to explain the reason why administrative leave was used for a certain day, or why bereavement leave was used for two days.

Rev 9/10/87

(86B)

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EXERCISE 31

PRACTICE EXERCISE - COMPLETING A TIME SHEET

DIRECTIONS: Instructor will review, demonstrate, and complete each blank on the time sheet while students follow along. The directions and instructions on completing the time sheet are located on the back of each. Duplicate as many as necessary.

EXERCISE 32
QUIZ - COMPLETING A TIME SHEET

DIRECTIONS: Read the story below and based on the facts given, complete the sample time sheet.

Employee, Jim Berry, arrived at work at 9:00 a.m. on Wednesday, May 15. On this same day he left for lunch at 12:00 noon and return at 12:54. He stopped work at 5:00 p.m. on May 15. Mr. Berry reported to work on May 16 at 11:00 a.m.; he had a personal problem in which to attend, thereby requiring 2 hours of personal leave. He left for lunch at 1:00 p.m. and returned at 1:54 p.m. He stopped work at 5:00 p.m. On May 17, Mr. Berry reported to work at 9:00 a.m. At 12:00 noon he left for lunch and returned at 12:54 p.m. He stopped work on May 17 at 4:00 p.m.; he used one hour of sick leave to visit his doctor. He did not work May 18 and 19. On May 20, he reported to work at 9:00 a.m. and left for lunch at 12:00 noon. He returned from lunch at 12:54 p.m. He stopped work at 5:00 p.m. On May 21, he reported to work at 9:00 a.m. He left for lunch at 12:00 noon and returned at 12:54 p.m. He stopped work at 5:00 p.m. Mr. Berry was on administrative leave May 22, 23, and 24 to attend a conference of hospital administrators. The conference was approved by his supervisor. He did not have to work May 25 and 26. May 27 was Memorial Day, therefore, he had a paid holiday. Mr. Berry reported for work at 9:00, Tuesday morning, May 28. He left for lunch at 12:00 noon and returned at 12:54 p.m. He stopped work at 5:00 p.m.

(SEE ATTACHED TIME-SHEET)

EMPLOYEE TIME SHEET

COLLEGE OR UNIVERSITY	CLASS CODE	CLASSIFICATION TITLE	DEPT CODE	DEPT NAME

SOCIAL SECURITY NUMBER	NAME	BEGIN DATE	END DATE

PIN No	Job Code	Assign #	Shift Code	O.T. Code	Full-Time Bi-wk Leave Rate	Std. Hrs.	Pay ID#	Timekeeper Location	Leave Accrual Date

TENTH HR. CHART

MINUTES	HOURS
1 TO 6	1 - 1/10
7 TO 12	2 - 2/10
13 TO 18	3 - 3/10
19 TO 24	4 - 4/10
25 TO 30	5 - 5/10
31 TO 36	6 - 6/10
37 TO 42	7 - 7/10
43 TO 48	8 - 8/10
49 TO 54	9 - 9/10
55 TO 60	0 - 1 HR.

170 Annual
172 Annual-WOPA
180 Sick-Illness
181 Sick-Adoption
182 Sick-Bereavement
183 Sick Advanced
184 Sick-Extended
185 Accident Leave
187 Sick-Reserve Fund
190 Holiday
300 Personal
301 Personal-WOPA
420 Unpaid Leave
421 Sick-LAW
430 Military
440 Jury Duty
450 Admin
460 Exam/Interview
470 Comp Earned
471 Comp Taken
888 Excep. Days Off

Timekeeper Initial

								WK 1 TOTAL								WK 2 TOTAL	TWO WK TOTAL
SHIFT IND																	
START TIME																	
TIME OUT																	
TIME IN																	
TIME OUT																	
TIME IN																	
STOP TIME																	
HOURS WORKED																	
SICK OCCUR																	
LEAVE CODE																	
LEAVE HRS USED																	
LEAVE CODE																	
LEAVE HRS USED																	
TOTAL HOURS																	
REG PAY HRS																	
O.T. PAY HRS																	
COMP EARNED 470																	
MISC ADJ																	

(88A)

LEAVE STATEMENT

BEST COPY AVAILABLE

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR

PERSONNEL COPY

PROGRAM: Health Care

POSITION: General Health Care Knowledge - All Positions

TASK STATEMENT: To complete a grievance form

PERFORMANCE CONDITIONS: Understanding of basic reading, writing, and math.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students in performance of task; administration of quiz; have students bring grievance forms from their workplaces; discuss different forms as related to the attached example.

RELATED ACADEMIC VOCABULARY: Grievance - a protest or complaint stemming from a feeling of having been wronged; Aggrieved Employee - a person who has a protest and complaint stemming from a feeling of having been wronged or hurt; Accepted - to receive approval; Denied - to disprove a complaint; Provisions - the conditions of; Agreement - a deal between two parties; Allegedly - that which is supposed to be the case; Violated - to break an agreement either intentionally or unintentionally; Nature - the important characteristics of a situation; Remedy - the solution to a problem.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; grievance forms; pencils.

CRITERION REFERENCE: Student will be able to successfully complete a grievance form; grievance forms from learners' workplaces.

PERFORMANCE GUIDE: Receive material; read material; observe instructor; follow instructions; answer questions; perform practice exercises; take exam.

EXERCISE 33

PRACTICE EXERCISE - COMPLETING A GRIEVANCE FORM

DIRECTIONS: Explain, step by step, the process of completing a grievance form. Be sure to give an example of each step to be completed, e.g., Step 1, Date Grievance File: June 1, 1991; Aggrieved Employee(s) Name(s): Carol Miller. Students should have copies of the grievance form as instructor proceeds to read and explain each item to be completed. Copy of form to be used is attached (duplicate as needed).

(SEE ATTACHED GRIEVANCE FORM)

GRIEVANCE FORM

STEP 1

ATE GRIEVANCE FILED: ______________________

GGRIEVED EMPLOYEE(S) NAME(S) ______________________ OCCUPATION(S) ______________________

ANSWER: CIRCLE ONE: ACCEPTED DENIED

DATE: ______________________

____
Supervisor or Department Head

STEP 2

DATE GRIEVANCE APPEALED TO STEP 2: ______________________

PROVISIONS OF AGREEMENT ALLEGEDLY VIOLATED: ______________________

NATURE OF GRIEVANCE: ______________________

REMEDY REQUESTED IN GRIEVANCE: ______________________

____
Signature of Aggrieved Employee(s)

____
Signature of Union Representative

ANSWER ______________________

DATE OF ANSWER ______________________

____
Signature of Representative

(90A)

EXERCISE 34
QUIZ - COMPLETING A GRIEVANCE FORM

DIRECTIONS: Read the following grievance account and afterwards complete the attached grievance form.

"Belinda Williams is an employee of Liberty Medical Center. She has been with the hospital for 15 years as a nurses aide. After being employed for 5 years, Ms. Williams strained her back and, as a result, received assurance from her supervisor at the time that she did not have to lift any patients because it could possibly do further harm to her condition. After this time Ms. Williams changed supervisors. Her new supervisor, Mr. Alex Jones, asked her on May 1 to assist a patient, Elsie Martin, to the bathroom. Realizing that to do so would cause undue strain to her back, Ms. Williams explained the past situation to her immediate supervisor and advised that she was no longer required to lift patients because of her back condition. Mr. Jones indicated that he had nothing to do with any agreement made by Ms. Williams and her past supervisor and told her that she had to perform the task. Ms. Williams decided to file a grievance complaint on May 3, 1991 The grievance ended up at step 2 on May 15, 1991, whereas the remedy requested was that the immediate supervisor recognize the agreement that was made between Ms. Williams and her former supervisor. The hospital answered Ms. Williams' grievance on June 1, 1991 and ruled in favor of Ms. Williams. Mrs. Nancy Collier, representative of the hospital signed for the hospital".

(SEE ATTACHED GRIEVANCE FORM)

GRIEVANCE FORM

STEP 1

DATE GRIEVANCE FILED:

AGGRIEVED EMPLOYEE(S) NAME(S)

OCCUPATION(S)

ANSWER:

CIRCLE ONE: ACCEPTED DENIED

DATE:

Supervisor or Department Head

STEP 2

DATE GRIEVANCE APPEALED TO STEP 2:

PROVISIONS OF AGREEMENT ALLEGEDLY VIOLATED:

NATURE OF GRIEVANCE:

REMEDY REQUESTED IN GRIEVANCE:

Signature of Aggrieved Employee(s)

Signature of Union Representative

ANSWER

DATE OF ANSWER

Signature of Representative

POSITIONS IN HEALTH CARE

PROGRAM: Health Care

POSITION: Transportation Aide

TASK STATEMENT: Placing a patient into a wheelchair

PERFORMANCE CONDITIONS: Rubber gloves; wheelchair; assistance from another person should circumstances warrant; and hospital bed.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; demonstrate the task; observe the student in his/her attempt to perform the task; administer the activity entitled "Sections of a Wheelchair".

RELATED ACADEMIC VOCABULARY: Wheelchair-a chair with large wheels used to transport the sick or disabled; Weight-the predetermined mass of an individual; Pressure-the application of continuance force by one body upon another that it is touching;

INSTRUCTIONAL RESOURCES: Chalk board; chalk; overhead projector or opaque projector.

CRITERION REFERENCE: Student will be able to move a patient from a bed into a wheelchair using proper procedures to ensure the safety and well-being of the patient.

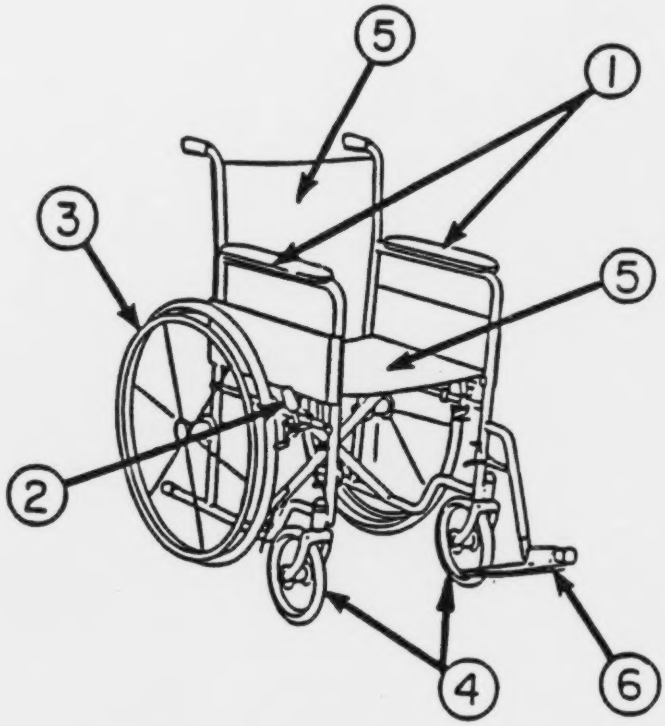
PERFORMANCE GUIDE: Secure a wheelchair; check the wheelchair for proper functioning; wash hands; alert the patient; describe the procedure to the patient; place the wheelchair in the proper position; position the brakes on the wheelchair; seat the patient on the side of the bed; dress the patient properly; have the patient stand; have the patient maintain his/her balance; move the patient towards the seat of the wheelchair; lower the patient into the wheelchair; place patient's feet on the footrests of the wheelchair; fasten any necessary seatbelts or other constraints.

PART OF A WHEELCHAIR
EXERCISE 35

DIRECTIONS: Point out the different parts of the wheelchair using the diagram entitled parts of a wheel chair. Explain how each part operates the wheelchair. Later, have students fill in the parts of the wheelchair using the copy where the blanks are left unfilled.

PARTS OF A WHEEL CHAIR

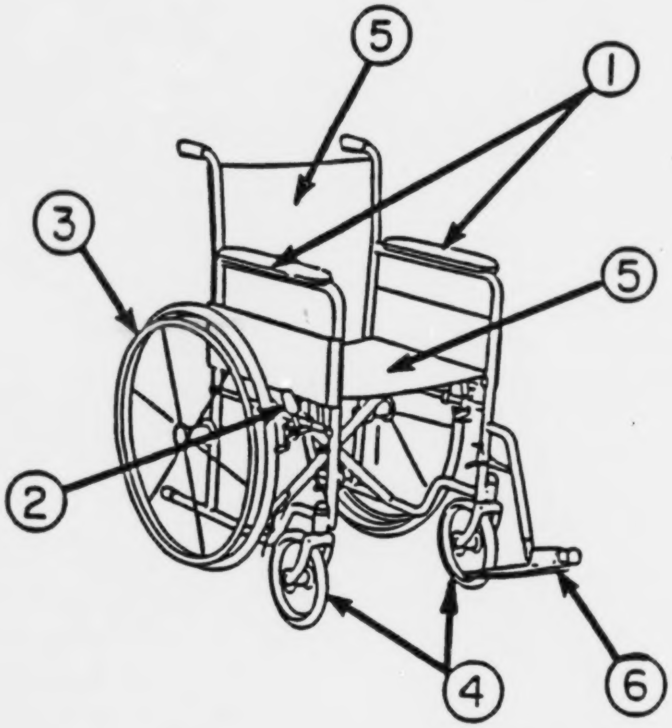
Answer Key



Directions: Fill in each part of the wheelchair.

1. Armrests
2. Wheel brake
3. Wheel and handrim
4. Casters
5. Seat/back upholstery
6. Footrest

PARTS OF A WHEEL CHAIR



Directions: Fill in each part of the wheelchair.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________

PROGRAM: Health Care

POSITION: Transportation Aide

TASK STATEMENT: Moving a patient from one location to Another

PERFORMANCE CONDITIONS: Wheelchair; crutches; assistance from another person should the circumstance warrant; cane.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; demonstrate the task; Observe the student in his/her attempt to perform the task; administer the activities entitled "Sections of a Wheelchair", "Sections of a Crutch", and "Sections of a Cane".

RELATED ACADEMIC VOCABULARY: Corridor-a narrow hallway, passageway, or gallery, often with rooms opening onto it; Wheelchair-a chair mounted on large wheels for the use of the sick or disabled; Weight-the predetermined mass of an individual; Ambulatory-capable of walking or moving about; Transferring-to move from one location to another.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; overhead projector or opaque projector.

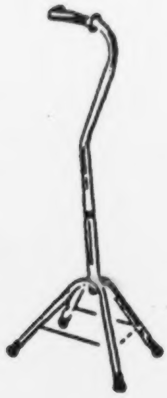
CRITERION REFERENCE: Student will transport patient from one location to another, successfully.

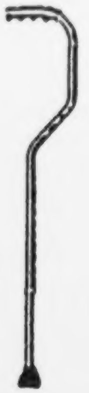
PERFORMANCE GUIDE: Unlock brakes on wheelchair; balance patient on crutches or cane; ensure the privacy of patient by proper arrangement of dress or other covering; remove any obstacles that may deter proper movement of patient; push the wheelchair to the desired location-if the patient is on crutches or a cane then assist the patient in moving to the desired location; always check for obstacles or cross-traffic; station the patient in the desired location; thank the patient for cooperating; wash your hands; report to the supervisor.

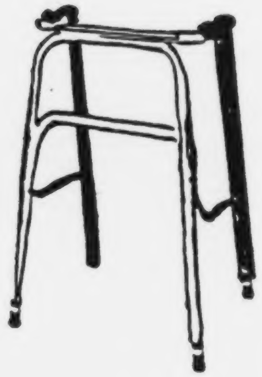
TYPES OF CANE AND WALKERS
EXERCISE 36

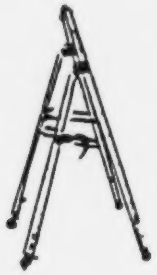
DIRECTIONS: Hand out sheet entitled types of cane and walkers. Explain the four basic types of cane and walkers. Point them out to students. Define the circumstances under which each would be used.

TYPES OF CANES AND WALKERS









PROGRAM: Health Care

POSITION: Transportation Aide

TASK STATEMENT: Assisting a patient in walking

PERFORMANCE CONDITIONS: Assistance from another individual, if necessary; cane or crutches, if necessary; walker, if necessary.

INSTRUCTIONAL ACTIVITIES: Discussion of key vocabulary; demonstrate the task; observe the student in his/her attempt to perform the task.

RELATED ACADEMIC VOCABULARY: Weight-the predetermined mass of an individual; Pressure-the application of continuous force by one body upon another that it is touching; Posture-a position of attitude of the body or of bodily parts; Balance-the state of bodily equilibrium or the state in which all parts of the body are equal which affects proper standing, walking, or even thinking; Crutch-a staff or support used by the disabled as an aid in walking; Cane-a slender piece of wood or medal used to aid in walking; Walker-a frame device used to support the act of walking, usually for the aged.

INSTRUCTIONAL RESOURCES: Chalk board; chalk; overhead projector or opaque projector.

CRITERION REFERENCE: Student will successfully assist a patient in walking from one location to another.

PERFORMANCE GUIDE: Greet the patient; explain the procedure to the patient; properly dress the patient while maintain privacy; assist the patient to the edge of the bed, if patient is sitting, assist the patient in standing; help patient to maintain balance, once standing; place crutch, cane, or walker in proper position if either is needed; assist the patient forward in slow deliberate steps until it is certain that the patient can maintain his/her balance; watch for all obstructions; maintain awareness of any impending obstructions; deliver patient to destination; report any unusual happening to person in-charge; and be sure to wash your hands.

PROGRAM: Health Care

POSITION: Housekeeper

TASK STATEMENT: Clean patient's room

PERFORMANCE CONDITIONS: Understanding of basic reading, writing, and arithmetic; ability to lift at least 40 pounds; no physical limitations.

INSTRUCTIONAL ACTIVITIES: Explain task to student; demonstrate task to student; observe student in the performance of task; complete checklist of required activities.

RELATED ACADEMIC VOCABULARY: Disinfectant - a solution used to kill germs and bacteria; Cart - a vehicle with two wheels that is used to carry goods or items; Mop - a cleaning instrument used for drying floors; Broom - a cleaning instrument used for sweeping floors; Dust cloth - a cloth used for dusting furniture; Antiseptic - a substance that inhibits the growth of germs; Aseptic - free of infection; Clean - fresh and free from disease-causing organisms; Contaminated - exposed to disease-causing organisms; Friction - the rubbing of one thing against another; Infection - condition that exists when disease-causing microorganisms have entered and spread in the body; Linen - sheets, blankets, pillowcases, towels, and washcloths; Microorganism - living organisms that can be seen only through a microscope; Pathogen - disease-causing microorganism; and Sterile -completely free from all living organisms.

INSTRUCTIONAL RESOURCES: Disinfectant; cart; mop; broom; dust cloth; vacuum cleaner.

CRITERION REFERENCE: Student will successfully clean patient's room.

PERFORMANCE GUIDE: Dust horizontal surfaces that collect dust; empty waste baskets and remove trash; damp wipe clean all furniture; clean and polish metal and porcelain fixtures; damp mop and sanitize floors; spot clean walls and windows; replenish room supplies; vacuum carpet; wash hands; report any needed repairs.

EXERCISE 37
CHECKLIST OF DUTIES FOR CLEANING PATIENT'S ROOM

DIRECTIONS: Observe and rate student in the performance of each duty by placing a check mark in the appropriate space.

DUTY	TASK COMPLETE	TASK INCOMPLETE
1. Routinely selects cleaning materials and prepares solution; transports to work area.	____	____
2. Cleans assigned areas by washing furniture, tile, fixtures, and equipment with disinfectant.	____	____
3. Thoroughly cleans assigned areas by washing walls, doors, ceiling, ventilators, and windows.	____	____
4. Routinely mops floors.	____	____
5. Vacuums carpet.	____	____
6. Arranges furniture and equipment in orderly fashion after cleaning.	____	____
7. Replenishes supplies.	____	____
8. Notices equipment or furniture in disrepair and reports same to appropriate personnel.	____	____
9. Returns unused supplies to proper location.	____	____
10. Cleans cart and equipment.	____	____
11. Ensures all items are replaced in an orderly manner.	____	____
12. Routinely collects waste from room.	____	____
13. Observes established isolation and asepsis techniques in accordance with departmental policies and procederas.	____	____

14. Ensures a safe, clean, attractive environment for patient, staff, and visitors. _____ _____

15. Washes hands thoroughly throughout the work day. _____ _____

16. Obeys the hospital policies for infection control. _____ _____

17. Always dusts vents, cabinets, and other furniture. _____ _____

18. Always empties ashtrays and trash baskets in designated rooms. _____ _____

19. Thoroughly washes and sanitizes beds when patients are discharged. _____ _____

20. Makes beds with clean linen in the prescribed manner. _____ _____

PROGRAM: Health Care

POSITION: Housekeeper

TASK STATEMENT: To clean bathroom

PERFORMANCE CONDITIONS: Basic understanding of reading, writing, and arithmetic; ability to lift at least 40 pounds.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students in performance of task; administration of checklist.

RELATED ACADEMIC VOCABULARY: Medical Asepsis - cleaning measures taken to prevent the spread of infection; Aseptic - free of infection; Clean - fresh and free from disease-causing organism; Aseptic - free of infection; Contaminated - exposed to disease-causing organism; Friction - the rubbing of one thing against another; Infection - condition that exists when disease-causing microorganisms have entered and spread in the body; Linen - sheets, blankets, pillowcases, towels, and washcloths; Microorganisms - living organisms that can be seen only through a microscope; Nosocomial - an infection acquired in a health care facility; Pathogen - disease-causing microorganism; Rotary Motion - rubbing your hands together in a circular motion; sterile - completely free from all living organisms.

INSTRUCTIONAL RESOURCES: Rubber gloves; cart; disinfectant; mop; broom; linen.

CRITERION REFERENCE: Student will be able to clean a bathroom and pass the checklist on How To Clean a Bathroom.

PERFORMANCE GUIDE: Empty waste basket; clean and polish metal and porcelain fixtures; damp mop and sanitize floors; spot clean walls; replenish room supplies; wash hands; report any unusual findings.

EXERCISE 38
CHECKLIST ON HOW TO CLEAN A BATHROOM

DIRECTIONS: Indicate the degree to which employee completes each task by placing a check mark in the appropriate column.

DUTY	TASK COMPLETE	TASK INCOMPLETE
1. Student routinely selects cleaning materials and prepares solutions.	_____	_____
2. Student places materials on cart.	_____	_____
3. Student transports materials to worksite.	_____	_____
4. Student cleans tiles and fixtures using germicidal cleaning solutions.	_____	_____
5. Student scours and polishes sinks, tubs, toilets, mirrors, and showers.	_____	_____
6. Student sweeps and mops floors in assigned area.	_____	_____
7. Student empties trash in the assigned area.	_____	_____
8. Student arranges equipment in an orderly manner after cleaning assigned area.	_____	_____
9. Student replenishes supplies like paper towels, toilet tissue, soap, etc.	_____	_____
10. Student requests cleaning supplies and equipment as needed.	_____	_____
11. Student cleans equipment and notifies proper authority of faulty equipment.	_____	_____
12. Student returns supplies to proper place.	_____	_____

13. Student cleans cart and equipment and ensures that all items are placed in an orderly manner. ______ ______

14. Student washes hands. ______ ______

15. Student reports any unusual events to person in-charge. ______ ______

PROGRAM: Health Care

POSITION: Geriatric Aide

TASK STATEMENT: Placing a patient in desired position and moving a patient

PERFORMANCE CONDITIONS: Gatch-frame bed; blankets; sheets; lotion; pillows; and towels.

INSTRUCTIONAL ACTIVITIES: Explanation of task to student; demonstration of task to student; observation of student in performance of task; administration of checklist on "Placing a Patient in Desired Position and Moving a Patient".

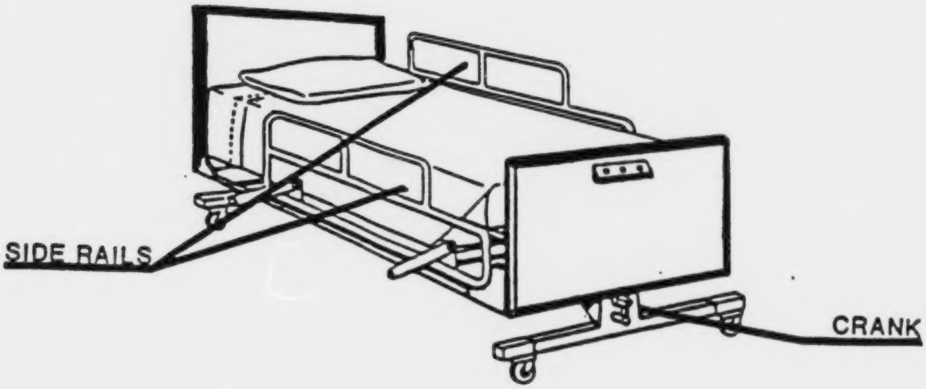
RELATED ACADEMIC VOCABULARY: Affected Side - side of the body that is sore or paralyzed; Align - to place in a straight line; Body Alignment - arranging a patient's limbs and spine in a straight line; Body Mechanics - proper ways of standing or moving; Bony Prominence - an area of the body where bones extent outward from surfaces of the skin, e.g., elbows; Center of Gravity - the middle of your body; Fowler's Position - a bed position in which the resident's head is elevated 45 degrees and the knees are left flat; Friction Area - an area of the body that is susceptible to decubitus ulcers because it comes in contact with a bed for long periods of time; Gatch-Frame Bed - a bed that has handles, cranks, or buttons that change its height or the angle of its head and foot; Lateral Position - lying on one side with the legs outstretched and with one leg on top of the other; Prone - lying on the stomach with the head turned to one side; Semi-Fowler's Position - a bed position in which a patient's head is elevated 45 degrees and the knees are elevated 15 degrees; and Sim's Position - lying on one side with the top knee bent and resting on a pillow.

INSTRUCTIONAL RESOURCES: Diagram of the Gatch-Frame Bed

CRITERION REFERENCE: Student will be able to successfully position and move patient in the Gatch-Frame Bed.

PERFORMANCE GUIDE: Wash hands; identify the patient; greet the patient; explain the task to the patient; locate the cranks on the bed; adjust the height of the bed; pull out the middle crank; turn the middle crank to the right to raise the height of the bed; turn the middle crank to the left to lower the height of the bed; push the crank back under the bed; adjust the head of the bed; pull out the left crank; turn the left crank to the right to raise the head of the bed; turn the left crank to the left to lower the head of the bed; push the left crank back under the bed; adjust the foot of the bed; pull out the right crank; turn the right crank to the right to raise the foot of the bed; turn the right crank to the left to lower the foot of the bed; push the right crank back under the bed; check the position of the side rails; put the call light within the patient's reach; ensure the comfort and safety of the patient; thank the patient for cooperating; wash your hands; report any unusual events to your supervisor.

EXERCISE 39
DEMONSTRATION: PARTS OF THE GATCH BED


SIDE RAILS
CRANK

GATCH-FRAME BED

EXERCISE 40

CHECKLIST ON PLACING A PATIENT IN PROPER POSITION AND MOVING A PATIENT

DIRECTIONS: Place a check mark in the appropriate space indicating the degree to which the student completes the assignment.

DUTY	TASK COMPLETE	TASK INCOMPLETE
1. Student washed his/her hands.	_____	_____
2. Student identified proper patient.	_____	_____
3. Student greeted patient properly.	_____	_____
4. Student explained the task to the patient.	_____	_____
5. Student provided for the patient's privacy.	_____	_____
6. Student located the crank at the foot of the bed for lowering and raising the height of the bed.	_____	_____
7. Student pulled out the middle crank successfully.	_____	_____
8. Student turned the middle crank to the right to raise the height of the bed.	_____	_____
9. Student turned the middle crank to the left to lower the height of the bed.	_____	_____
10. Student pushed the middle crank back under the bed in proper position.	_____	_____
11. Student located the left crank successfully.	_____	_____
12. Student engaged the left crank successfully.	_____	_____

13. Student turned the left crank to the right to raise the head of the bed. _____ _____

14. Student turned the left crank to the left to lower the head of the bed. _____ _____

15. Student pushed the left crank back to its proper place. _____ _____

16. Student successfully located the right crank. _____ _____

17. Student successfully engaged the right crank. _____ _____

18. Student turned the right crank to the right to raise the foot of the bed. _____ _____

19. Student turned the right crank to the left to lower the foot of the bed. _____ _____

20. Student pushed the right crank back under the bed when finished. _____ _____

21. Student checked the position of the side rails. _____ _____

22. Student put the call light within the patient's reach. _____ _____

23. Student ensured the comfort and safety of the patient. _____ _____

24. Student thanked the patient for cooperating. _____ _____

25. Student washed hands and reported any unusual events to supervisor. _____ _____

PROGRAM: Health Care

POSITION: Geriatric Aide

TASK STATEMENT: Placing a patient in the supine position.

PERFORMANCE CONDITIONS: Gatch-frame bed; lotion.

INSTRUCTIONAL ACTIVITIES: Explanation of task; demonstration of task; observation of students in performance of task; administration of checklist on "Placing a Patient in The Supine Position".

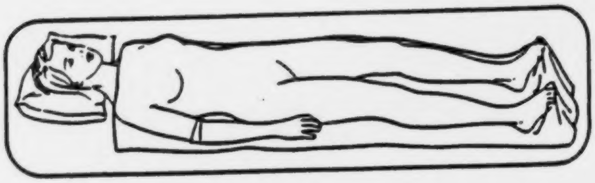
RELATED ACADEMIC VOCABULARY: (see vocabulary list under "Placing a Patient in Proper Position and Moving a Patient")

CRITERION REFERENCE: Student will be able to successfully move a patient into the supine position.

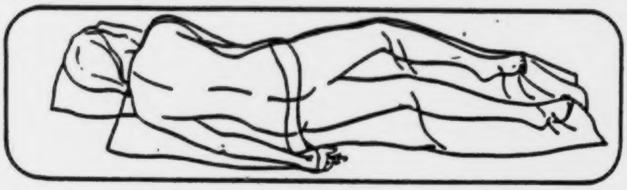
PERFORMANCE GUIDE: Wash your hands; identify the patient; greet the patient; explain the task to the patient; ensure the privacy of the patient; free any restraints; move the patient's bed to the flat position; remove the pillow from under the patient's head; lean the pillow against the headboard; lower the side rail; stand next to the patient's affected side; ask the patient to flex knees in order to put patient's feet flat on the mattress; face the head of the bed; bend your knees, keeping your back straight; take the hand that is farthest from the patient and reach it under the patient's back, placing it against the patient's shoulder that is farthest away from you; grasp the patient's upper arm that is closest to you with your other hand; ask the patient to grasp the side rail opposite you and move toward the headboard on a count of three; move the patient on a count of three; tell the patient to push toward the head of the bed with the feet as you slide the patient in the same direction; move the patient in one smooth motion; replace the pillow under the patient's head; fasten any restraints; ensure that patient's body is properly aligned; put the call light within the patient's reach; ensure the comfort and safety of patient; lower the bed; thank the patient for cooperating; wash your hands; and report any unusual events to supervisor.

EXERCISE 41
DEMONSTRATION OF PLACING PATIENT INTO THE SUPINE POSITION

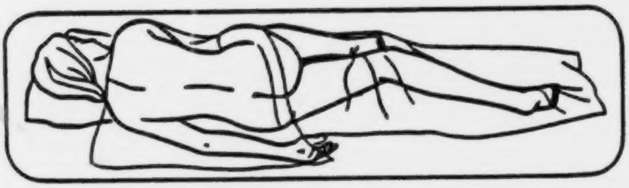
POSITIONING RESIDENTS



SUPINE



LEFT LATERAL



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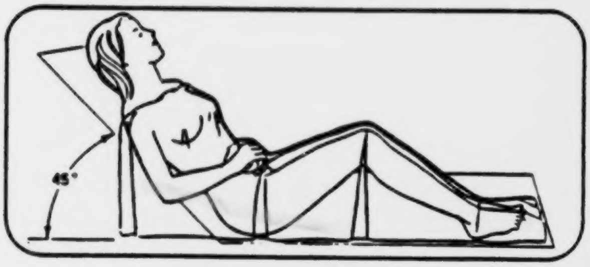

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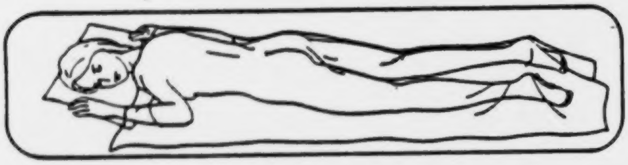

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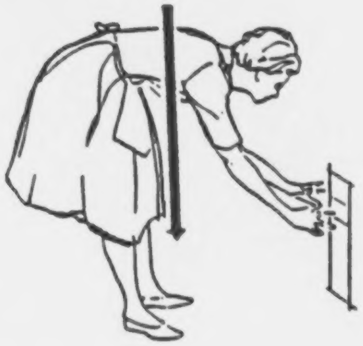
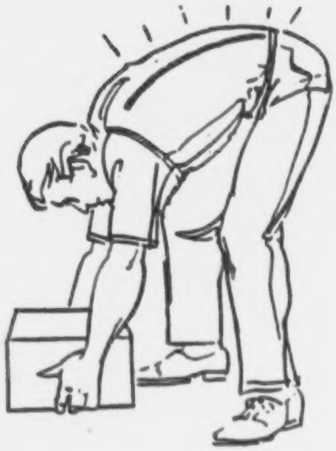
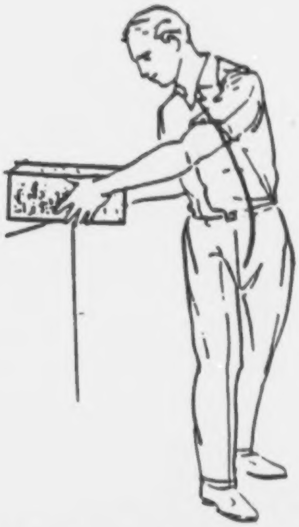
EXERCISE 42
DEMONSTRATION OF PROPER BODY MECHANICS

BODY MECHANICS

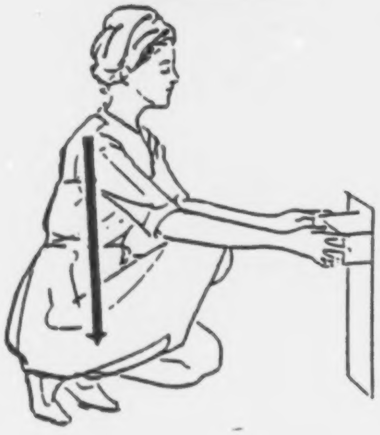
INCORRECT

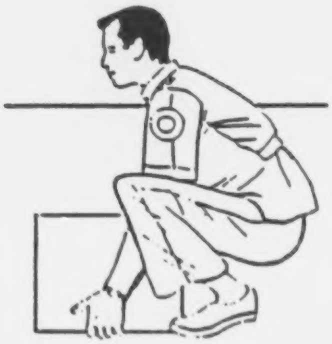


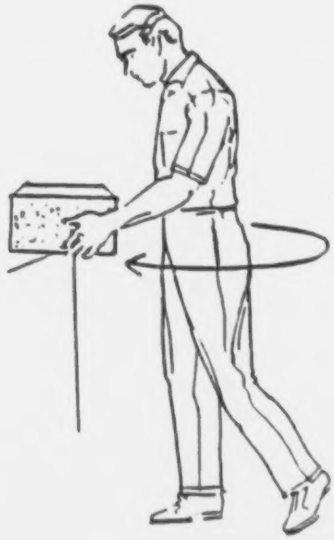




CORRECT







© Schniedman, R., S. Lambert, and B. Wander. 1982. Workbook for Being a Nursing Assistant. 3d ed. pp. 58 and 59. Englewood Cliffs, N.J.: Prentice-Hall, Inc.

EXERCISE 43
CHECKLIST ON PLACING A PATIENT IN THE SUPINE POSITION

DIRECTIONS: Indicate the degree to which student masters the task by placing a check mark in the appropriate column.

DUTY	TASK COMPLETE	TASK INCOMPLETE
1. Student washes hands.	_____	_____
2. Student identifies the patient.	_____	_____
3. Student greets the patient.	_____	_____
4. Student explains the task to the patient.	_____	_____
5. Student ensures the patient's privacy.	_____	_____
6. Student frees the patient from any restraints.	_____	_____
7. Student places the bed in the flattest position.	_____	_____
8. Student raises the bed to a comfortable working height.	_____	_____
9. Student removes the pillow from under the patient's head.	_____	_____
10. Student leans the pillow against the headboard.	_____	_____
11. Student lowers the side rail.	_____	_____
12. Student stands next to the patient's affected side.	_____	_____
13. Student asks the patient to flex knees.	_____	_____
14. Student puts the patient's feet flat on the mattress.	_____	_____
15. Student faces the head of the bed.	_____	_____
16. Student bends his knees and keeps the back straight.	_____	_____

17. Student takes the hand that is farthest from the patient and reaches it under the patient's back. _____ _____

18. Student places the hand against the patient's shoulder that is farthest away. _____ _____

19. Student grasps the patient's upper arm that is closest to him with his other hand. _____ _____

20. Student asks the patient to grasp the side rail opposite him and move toward the headboard on a count of three. _____ _____

21. Student moves patient on a count of three. _____ _____

22. Student asks patient to push toward the head of the bed with the feet. _____ _____

23. Student moves the patient in one smooth motion. _____ _____

24. Student replaces the pillow under the patient's head. _____ _____

25. Student fastens any restraints. _____ _____

26. Student checks to ensure that patient's body is properly aligned. _____ _____

27. Student places the call light within the patient's reach. _____ _____

28. Student ensures the safety and comfort of patient. _____ _____

29. Student thanks the patient for cooperating. _____ _____

30. Student washes hands and reports any unusual circumstances. _____ _____

PROGRAM: Health Care

POSITION: Nursing Assistant - Geriatric Aide

TASK STATEMENT: Assist residents in dressing and undressing as needed; encourage them to dress in appropriate street clothes each day; administer skin care as needed to affected areas of irritation; check to see that residents selected clothing are not dirty or torn; bathe incontinent residents as needed.

PERFORMANCE CONDITIONS: Determine if the resident's condition requires that assistance in performing the task is needed; accept his/her clothing preferences when appropriate, while assisting him/her in selecting comfortable clothing; drape the resident with a sheet or towel to assure privacy; and clothe an affected (sore or paralyzed) area or extremity first and unclothe it last to minimize resident's discomfort.

INSTRUCTIONAL ACTIVITIES: Pre-test and review definitions of key terms; have students role play elements of the task; encourage students to share any experiences they have had in performing the task; have students read and discuss the handout "Assisting Residents in Dressing."

RELATED ACADEMIC VOCABULARY: Affected area; encourage; drape; incontinence; irritation.

INSTRUCTIONAL RESOURCES: Chalk; chalk board; handout entitled "Assisting Residents in Dressing".

CRITERION REFERENCE: Assist the resident in selecting appropriate clothes each day and provide assistance in helping them to get dressed as needed.

PERFORMANCE GUIDE: Wash your hands; greet resident; explain task; determine resident's clothing preferences and need for assistance; maintain privacy; assist as needed; thank resident for cooperation.

EXERCISE 44
ASSISTING RESIDENTS IN DRESSING

Nursing and nursing support staff in long-term care facilities often have the responsibility to encourage residents everyday to get dressed and to participate as fully as possible in a variety of social, therapeutic, and recreational activities. To the fullest extent possible, the resident should be encouraged to make the primary decisions regarding his/her selection of clothing. Assist the residents as needed to assure that the clothes they have selected are not soiled, torn, or inappropriate. Be aware that given the effects of aging on the circulatory system, they may have a need to wear warm clothing or to use layers of clothes even in warm weather.

As a consequence of their state of health, some residents will require assistance to dress and undress. An important rule in assisting those residents who have an extremity or body area that is sore or paralyzed is that when dressing them the affected area should be dressed first and undressed last. Always take precaution to assure their dignity and privacy, and follow this sequence when assisting them so as to cause them less pain.

PROGRAM: Health Care

POSITION: Nursing Assistant

TASK STATEMENT: Change a resident's soiled gown while maintaining the resident's privacy and assuring that the replacement gown is straightened and postured properly.

PERFORMANCE CONDITIONS: Wash hands using medical asepsis; handle clean and soiled linen; greet resident and explain the procedure; move the resident into the supine position; move the resident into the lateral and Sim's position; cleanse an incontinent resident; clothe an affected area first and unclothe it last; administer skin care as needed to any affected area.

INSTRUCTIONAL ACTIVITIES: Review the definitions of key terms; review and discuss the chart "Positioning Residents"; have students show any experiences they have had in performing the task; divide students into groups and have each group draft a performance checklist for the task.

RELATED ACADEMIC VOCABULARY: Affected Area- an area of the body or an extremity that is sore or paralyzed; asepsis-a state of being free of pathogenic organisms; supine position-lying on the back or having the face upward; lateral position-having to do with lying on the side; incontinence-unable to control bladder and or bowel movements; unaffected area-area of the body or an extremity that can be freely moved without pain.

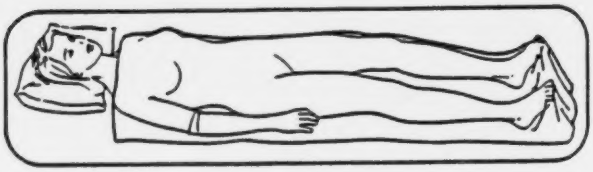
INSTRUCTIONAL RESOURCES: Chalk; chalk board; handout entitled "Positioning Residents".

CRITERION REFERENCE: Maintain a high level of awareness of resident's condition and needs. Ability to replace a soiled gown with a clean gown while maintaining the resident's privacy.

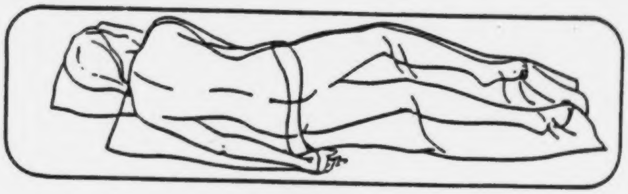
PERFORMANCE GUIDE: Wash your hands; get a clean gown; greet resident; explain task; maintain privacy; loosen soiled gown, check for incontinency; check for skin irritation; dress affected areas first; adjust and fasten gown; thank resident for cooperation; wash hands.

EXERCISE 45
HANDOUT - POSITIONING RESIDENTS

POSITIONING RESIDENTS



SUPINE



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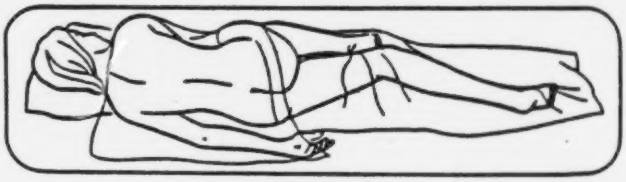

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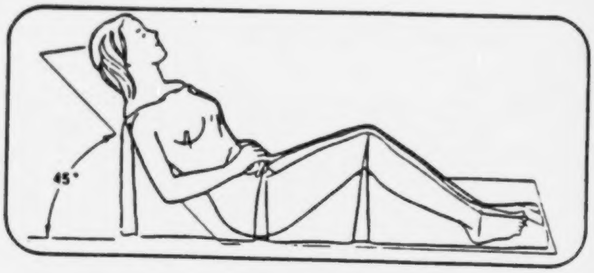
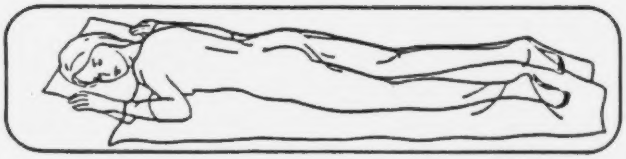


FOWLER'S



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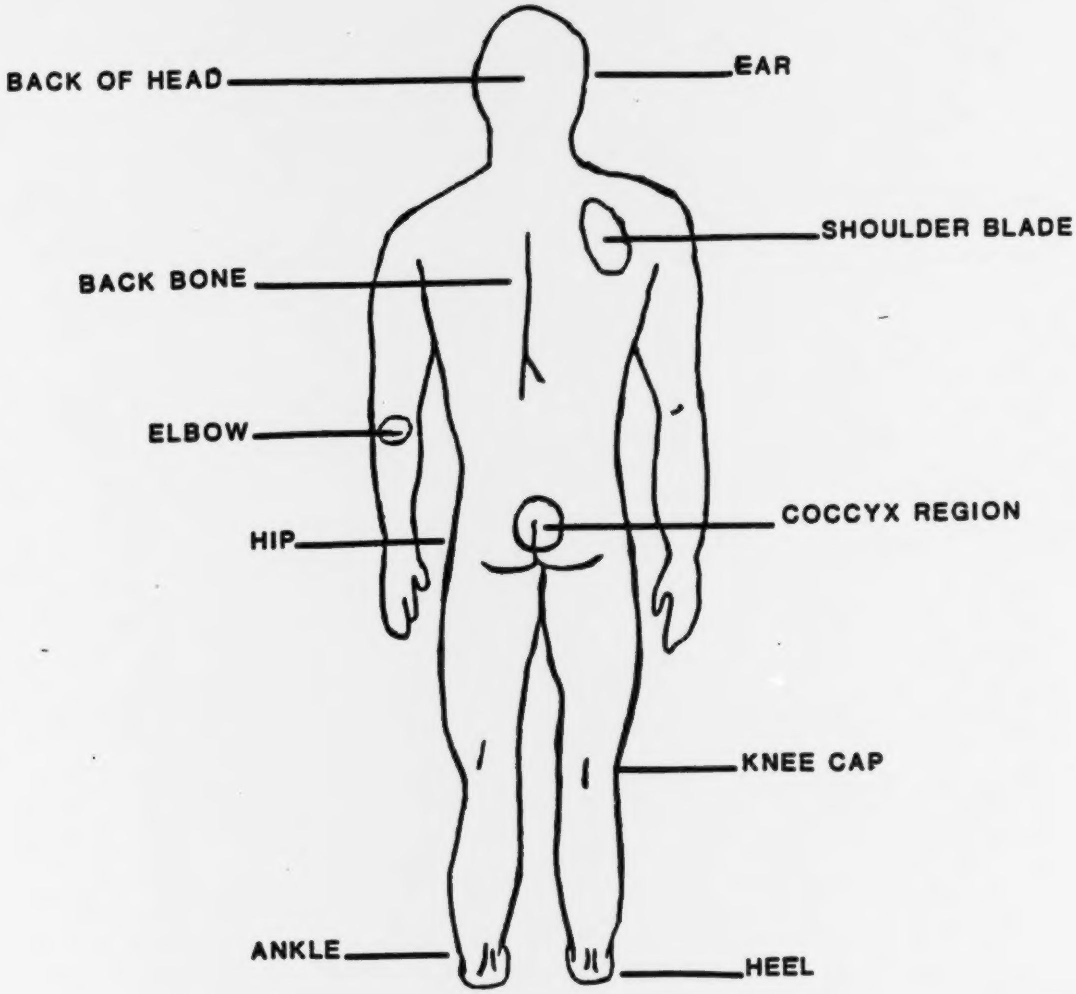
EXERCISE 46
BONY PROMINENCE

BONY PROMINENCES


BACK OF HEAD
EAR
SHOULDER BLADE
BACK BONE
ELBOW
COCCYX REGION
HIP
KNEE CAP
ANKLE
HEEL

PROGRAM: Health Care

POSITION: Nursing Assistant

TASK STATEMENT: Administer special skin care to residents to help stimulate blood circulation, lubricate the skin, and reduce the possibility of skin irritation and ulcers.

PERFORMANCE CONDITIONS: Using problem analysis and comparison and contrast skills the nursing assistant will assist residents by providing special skin care.

INSTRUCTIONAL ACTIVITIES: Complete and analyze answers to the Knowledge Survey; discuss major elements of the task; review Skin Care reference sheet; and review and discuss vocabulary.

RELATED ACADEMIC VOCABULARY: Bedsore-an open wound that is caused by the pressure of lying or setting in one position for a long period of time; bony prominence-area of the body where bones extend outward from surfaces of the skin; decubitus ulcers-open wound that is caused by the pressure of lying or sitting in one position for a long period of time; coccyx-small bone at the base of the spinal column; fanfold-folding the top bed linen to the foot of the bed so that they are out of the way; friction area-area of the body that is susceptible to decubitus ulcers because it comes into contact with a bed a for long period of time; irritation-an area of the body that has become inflammed; sacral area-area of the lower back at the base of the spine where the spinal cord joins both hip bones to form the back of the pelvis; skin break-opening in the skin that marks the beginning of a sore; skin fold-area where the skin is folded and rubs against itself.

INSTRUCTIONAL RESOURCES: Skin Care Knowledge Survey; skin care reference sheet; handout on definitions of key terms; bony prominence reference sheet; Basic Clinical Skills: Recognition and Prevention of Bed Sores, 1974, Garden Grove, CA: Trainex, Filmstrip #478; Decubitus Ulcers: 1984, Trainex, Filmstrips #1067, 1068.

CRITERION REFERENCE: Check the resident's bony prominence and friction areas for redness and irritation and administer special skin care as appropriate.

PERFORMANCE GUIDE: Wash hands; greet resident; explain task; assure privacy; check bony prominence for redness; massage as appropriate to prevent bedsores; thank resident for cooperation; report irritation and ulcers to charge nurse.

ADMINISTERING SPECIAL SKIN CARE TO RESIDENTS

The process affects skin in a number of ways: The glands produce a decreased amount of oil which leads to dry skin; the skin becomes more sensitive because of its dryness; the circulation slows which leads to thin skin that is easily torn or damaged.

In addition to these skin problems, residents of long-term care facilities, especially those who are bedridden, are likely to develop decubitus ulcers, or bedsores. Decubitus ulcers are open sores caused by the pressure and restricted blood flow that result from lying or sitting in one position for a long period of time. These sores are likely to develop on the residents' bony prominence, which are the heels and ankles, the elbows, the knees, the backbone, and the shoulder blades. When attending to bedridden residents, you should remember that bedsores can be caused or aggravated by bed linens being pulled out from under residents; by wet clothing or bed linen; by irritating substances left on the skin after a bath, such as soap or powder; and by perspiration, urine, and feces. Obesity can also cause bedsores because the parts of an overweight person's body tend to rub together and create friction and irritation. This irritation often occurs between the thighs, between the buttocks, and under the breasts.

Incontinent residents are at high risk for developing bedsores because urine, which is high in acid content, irritates skin. To prevent bedsores, you must check incontinent residents often and change their bed linen promptly each time they urinate. Never scold incontinent residents or put diapers on them. They already feel a loss of dignity, and wearing diapers will only embarrass them further. In addition, diapers cause skin irritation because they hold urine next to the skin, which leads to the formation of decubitus ulcers.

Once a decubitus ulcer has formed it is very difficult to heal, so prevention is important. The best way to prevent bedsores is to change the position of bedridden residents frequently, keep their skin clean and dry, and gently massage those parts of the body where decubitus ulcers are likely to develop in order to increase the blood flow to the area.

Massage is an excellent method of preventing bedsores. When rubbing a resident's back, use long, firm strokes on either side of the resident's spine that begin at the buttocks and end at the shoulders and neck. When massaging a resident's bony prominence, use circular motions, beginning at the center of the prominence and moving outward in bigger circles. This technique pushes old blood out of the affected area and allows it to be replaced with fresh blood. Massage also produces heat, which helps to open blood vessels so they can carry more blood, nutrients, and oxygen to the area. After the massage, apply a small amount of powder to help keep the area dry and thereby prevent bedsores. Too much powder, however, can accumulate on the skin and cause pressure, thereby encouraging the development of bedsores.

EXERCISE 47
SPECIAL SKIN CARE KNOWLEDGE SURVEY PRE-TEST

Directions: Choose true or false or fill-in the blank for the questions which follow:

1. Given that they are adults, long-term care residents will not require special skin care.

   True_____False_____

2. Increased activity of the circulatory system can cause "thin skin".

   True____False_____

3. Generally, skin becomes less sensitive as a consequence of dryness.

   True_____False_____

4. Bedridden residents are more likely to develop decubitus ulcers.

   True____False______

5. Decubitus ulcers are characterized as closed sores.

   True____ False______

6. Restricted blood flow may be caused by excessive lying down or sitting.

   True____ False______

7. Ulcers are unlikely to develop in areas of bony prominence.

   True_____False______

8. Obesity can be a cause of decubitus ulcers.

   True_____ False______

9. Bedsores can be caused or aggravated by wet clothing or bed linen.

   True_____False______

10. Incontinent residents are not at risk of developing bedsores.

True_____False______

11. Massage is not a good method for preventing bedsores.

True____False______

12. Decubitus ulcers are very difficult to heal.

True_____False______

13. What are three (3) conditions which can cause or aggravate bedsores by bedridden residents?

a.____________________

b.____________________

c.____________________

14. What is the primary condition which must be checked for in incontinent residents?

____

15. What are three (3) important practices nursing support staff can perform on residents to help prevent bedsores?

a.____________________

b.____________________

c.____________________

16. What is one area above the waist which is a probable area for decubitus ulcers?

____

PROGRAM: Health Care

POSITION: Nursing Assistant

TASK STATEMENT: Provide assistance to new residents in settling into their room and helping them to become adjusted to their new residence.

PERFORMANCE CONDITIONS: Ascertain that resident's bed linen is fanfolded; ascertain that resident's need for assistance in getting settled into a new environment; ascertain that the common bedside items have been placed in the rooms; and report to the charge nurse any special needs indicated by the resident.

INSTRUCTIONAL ACTIVITIES: Discuss and identify what assistance new residents may need; have students read handout entitled "Providing Assistance to New Residents"; have students individually list eight (8) common bedside items; discuss and have students compare their list with the handout entitled "Common Bedside Items".

RELATED ACADEMIC VOCABULARY: Bedpan-used for bodily wastes for residents who are bedridden; emesis-vomiting; fanfold-folding the top bed linen to the foot of the bed so that they are out of the way but within easy reach.

INSTRUCTIONAL RESOURCES: Handout entitled, "Providing Assistance to New Residents"; handout entitled, "Common Bedside Items"; chalk; and chalk board.

CRITERION REFERENCE: Provide effective nursing assistance by helping newly admitted residents get settled in their rooms and by providing support for their need to become familiar with their new residence.

PERFORMANCE GUIDE: Wash hands; greet resident; ascertain assistance needed; explain task; fanfold bedding; check and stock bedside items.

PROVIDING ASSISTANCE TO NEW RESIDENTS

The decision to place an ill and aging family member in to a long-term care facility often creates a great deal of stress and anxiety for their families as well as for the new resident. Their perception of the attitudes of the staff and other residents and their observations of the interaction between staff and residents are often used to form their first impressions of the facility and of the care that may be received when they are admitted. Your effort to be sensitive to their concerns and anxiety, along with your effort to be courteous and helpful, will help to lessen their anxiety and stress.

Learning a new resident's full name, and addressing him or her by his or her surname and title (i.e., Mr., Mrs., Dr., Ms.) helps them maintain a sense of their independence and self worth and demonstrates the appropriate courtesy of your relationship to them. It is important to not address a resident by his/her first name or by a term of endearment, such as "hon", "dear" or "honey". Addressing newly admitted residents by their proper name will help to decrease their feelings of dependence, anxiety, and stress because you will communicate respect for them.

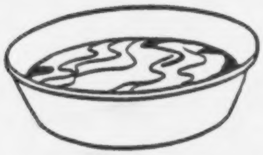
It is very important not to appear to be too rushed to give new residents the time and attention that they may need. By answering their questions and demonstrating your special concern for their needs and well being, you let them know that they are important to you. Effort must also be made to encourage new residents to participate as much as possible in making decisions about how they will store and display their personal belongings in their room. Their active participation will help to lessen their anxiety about moving and should help them to feel more at home. Make sure that the common bedside items are readily at their disposal, should they need them.

It is essential that you stay informed of institutional policies and procedures so that you can carry out your duties calmly and efficiently. As you are assigned specific tasks, it is important that you perform them accurately and that you are able to be re-assuring and helpful to the residents. It is sometimes necessary to take an inventory of the belongings of new residents to make sure that it is understood that you are performing the inventory to ensure the security of said belongings.

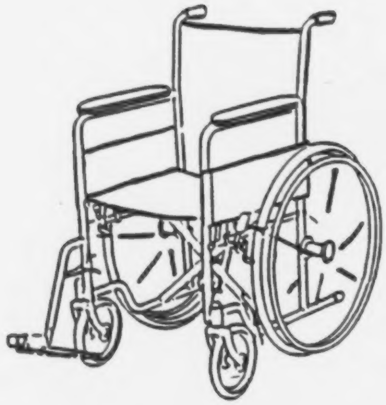
New residents may need to be assisted in becoming familiar with all of the support services and the physical layout of the facility. The assistance that you are about to provide for them will lessen their anxiety and help them become more comfortable.

EXERCISE 48
HANDOUT - COMMON BEDSIDE ITEMS

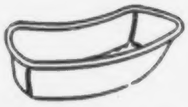
COMMON REUSABLE EQUIPMENT



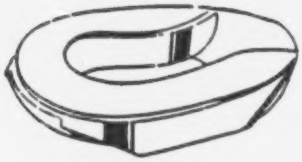
WASH/BATH BASIN



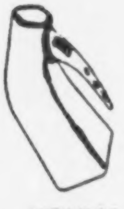
WHEELCHAIR



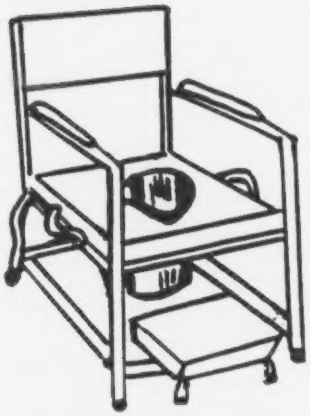
EMESIS PAN



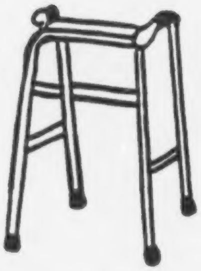
BEDPAN



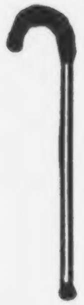
URNIAL



BEDSIDE COMMODE



WALKER



CANE

PROGRAM: Health Care

POSITION: Nursing Assistant

TASK STATEMENT: Monitor the intake of patient; measure urinary output on the number scale of a graduated container; record urinary output on an Intake/Output Record.

PERFORMANCE CONDITIONS: Using bedpan, fracture pan, urinal, intake and output form, graduated container, toilet tissue, gloves, sample I and O worksheet as appropriate, the incumbent will monitor the residents' intake and output.

INSTRUCTIONAL ACTIVITIES: Discuss major elements of the task; review and discuss sample "intake/output" sheet; review and discuss metric measurement; have students measure and record pre-determined volumes of water; and have students complete "I and O" activities 1 and 2.

RELATED ACADEMIC VOCABULARY: Cubic Centimeter (cc)-a metric unit for measuring volume; intake-amount of liquid consumed by a resident within a given period of time; I & O Worksheet-a sheet placed at the bedside of a resident having intake and output measured; milliliter-a measurement of volume in the metric system that equals 0.001 liquid quart; drainage bag-a plastic bag connected to an in-dwelling catheter that collects urine; urine-yellowish liquid waste stored in the bladder and discharged periodically from the urethra.

INSTRUCTIONAL RESOURCES: Reference sheet entitled "Assisting with Urine Elimination"; Long-Term Care: Intake and Output, 1983, Garden Grove, CA., Trainex Filmstrip #030.

CRITERION REFERENCE: Demonstrated ability to monitor dietary intake and measure and record urinary elimination.

PERFORMANCE GUIDE: Wash hands; identify resident; greet resident; explain task; identify foods consumed; record intake; measure urinary output; record output; wash hands; and report any unusual events to supervisor.

EXERCISE 49
HANDOUTS - ORAL INTAKE, STUDENT ACTIVITIES 1 AND 2
INTAKE - OUTPUT RECORD

ORAL INTAKE

Each of the following foods/fluids are included when monitoring the oral intake of patients.

WATER

FRUIT JUICES

ICE CREAM

TEA

COFFEE

Other items include:

MILK DRINKS	CUSTARD
SOUPS	GELATIN
ICE CHIPS	MILK

ORAL INTAKE

Liquid Measures Used in Health Care Facilities

cc = cubic centimeter
ml = milliliter
oz = ounce

1 cc = 1 ml
30 cc = 1 oz

1 teaspoon = 4cc
1 pint = 500 cc
1 gallon = 4000 cc

ORAL INTAKE

Liquid Measures Used In Health Care Facilities

CC = cubic centimeter
ML = milliliter
1 CC = 1 ML
30 CC = 1 OZ
60 CC = 2 OZ
90 CC = 3 OZ
120 CC = 4 OZ
150 CC = 5 OZ
180 CC = 6 OZ
210 CC = 7 OZ
240 CC = 8 OZ
270 CC = 9 OZ
300 CC = 10 OZ
1 CC = 1/4 teaspoon
500 CC = 1 pint
1000 CC = 1 quart
4000 CC = 1 gallon

STUDENT ACTIVITY #1

Measuring and Recording Intake

INSTRUCTIONS: Mrs. Smith is on I an O. She consumed the following liquids during a 24 hour period. Record the information on the I and O worksheet. Check all figures carefully. Total all 8 and 24 hour columns.

8 A.M.:	**Ate Breakfast**	**2 Cups Coffee** **1 Glass Juice**	**1 Small Bowl Cereal** **1 Small Glass Milk**
12 N.:	**Ate Lunch**	**1 Large Glass Milk** **1 Soup Bowl Broth**	**1 Small Glass Milk** **6 Cubes Jello**
1 P.M.:	**Drank 1 Glass Water**		
5 P.M.:	**Ate Supper**	**6 Cubes Jello** **1/2 Soup Bowl Broth**	**2 Crackers** **1 Small Bowl Ice Cream**
6 P.M.:	**Drank 1 Large Glass Juice**		
10 P.M.:	**Drank 1 Glass Water**		
6 A.M.:	**Drank 1 Glass Water**		

STUDENT ACTIVITY #2

Measuring and Recording Intake

INSTRUCTIONS: Mr. Green is on I an O. He consumed the following liquids during a 24 hour period. Record the information on the I and O worksheet. Check all figures carefully. Total all 8 and 24 hour columns.

8 A.M.:	**Ate Breakfast**	**2 Cups Tea** **1 Small Bowl Cereal**	
12 N.:	**Ate Lunch**	**1 Small Bowl Custard** **1 Large Glass Juice**	**1/2 Soup Bowl Broth**
1 P.M.:	**Drank 1 Glass Water**		
3 P.M.:	**Drank 1/2 Glass Juice**		
5 P.M.:	**Ate Supper**	**6 Cubes Jello** **1 Small Bowl Broth**	**1 Cup Tea** **1 Small Bowl Ice Cream**
6 P.M.:	**Drank 1/2 Glass Juice**		

RECORDING INTAKE

THIS IS A SAMPLE I & O WORKSHEET. YOU WILL PLACE THESE AT THE PATIENT'S BEDSIDE TO USE DURING YOUR 8-HOUR SHIFT. AT THE END OF THE SHIFT, YOU WILL TOTAL EACH COLUMN AND RECORD THESE TOTALS ON THE APPROPRIATE FLOWSHEET IN THE PATIENT'S CHART.

Oaks Center **540 Reed Place** **Cincinnati, Ohio 53085**	**Patient Name**
I & O WORKSHEET	
INTAKE	**OUTPUT**
7-3	**7-3**
TOTAL	**TOTAL**
3-11	**3-11**
TOTAL	**TOTAL**
11-7	**11-7**
TOTAL	**TOTAL**
24-HR TOTAL	**24-HR TOTAL**

PROGRAM: Health Care

POSITION: Nursing Assistant

TASK STATEMENT: How to determine vital signs of residents

PERFORMANCE CONDITIONS: An understanding of basic math and reading; an understanding of different types of thermometers; basic knowledge of disease-causing organisms.

INSTRUCTIONAL ACTIVITIES: Review the definitions of key terms; have students read the exercise entitled, "Determining the Vital Signs of Residents"; have students complete the Vital Signs Knowledge Survey.

RELATED ACADEMIC VOCABULARY: Temperature-a measurement of body heat; respiratory rate-the rate at which one takes in oxygen and expels carbon dioxide from the lungs and respiratory tract; Fahrenheit- a temperature scale; Celsius-another name for the Centigrae temperature scale; thermometer-an instrument used to take one's temperature; blood pressure-the force exerted by the heart against the arterial walls when the heart contracts or relaxes; pulse-the rhythmical throbbing of arteries produced by the regular contraction of the heart.

INSTRUCTIONAL RESOURCES: Handout entitled, "Determining the Vital Signs of Residents"; chalk; chalk board.

CRITERION REFERENCE: Students will be able to properly take and record the vital signs of the human body as related to temperature, pulse, blood pressure, and respiratory rate.

PERFORMANCE GUIDE: Wash your hands; greet the resident; explain task to resident; check for proper equipment; check for vital signs using proper equipment; record reading; report any unusual circumstances.

DETERMINING THE VITAL SIGNS OF RESIDENTS

INTRODUCTION

The vital signs of the human body are temperature, pulse, blood pressure, and respiratory rate. You may be responsible for measuring one or more of a resident's vital signs.

Temperature

When you take a person's temperature, you measure his or her body heat. The body produces heat by breaking down the food it consumes and by engaging in physical activity. The body loses heat through perspiration and breathing. A person's temperature is thus the amount of heat the body produces minus the amount of heat the body loses.

Thermometers measure temperature according to the Fahrenheit or Celsius scales, both of which are divided into units of measure called degrees. The Fahrenheit thermometer measures from 94 to 110 degrees and the Celsius or centigrade thermometer measures from 34 to 43 degrees. Each long verticle line on a thermometer equals one degree. Each short verticle line on a thermometer equals two-tenths of a degree on a fahrenheit scale and one-tenth on the Celsius scale. It is important to be accurate when you read a thermometer. Write down the thermometer reading immediately so that you do not forget it. Report the resident's temperature in the scale of measurement used by your facility.

When the body is functioning properly, its temperature will fall within the normal range, which is between 97.6 and 99.6 degrees Fahrenheit or between 36 and 38 Celsius. Body temperature is measured by a thermometer, which is a slender glass tube with a mercury-filled bulb on one end. When the bulb is heated, the mercury expands and rises in the tube, indicating a temperature reading. There are two types of glass thermometers; oral and rectal. The oral thermometer has a slender bulb. The rectal thermometer has a round bulb. You must be able to distinguish between the two because using an oral thermometer to take a rectal temperature could injure a resident.

To reduce spreading germs and the possibility of infection, each resident should have his or her own glass thermometer stored in a solution of alcohol or some other antiseptic agent. Antiseptic agents help prevent the growth of disease-causing organisms but do not sterilize the thermometer. Electronic thermometers also are available. These thermometers are battery-powered and show the temperature reading on a lighted display that is similar to a digital watch or clock. An electronic thermometer decreases the human error involved in reading the temperature. It is sanitary because after each use the disposable plastic cover on the electronic probe, which is the part of the thermometer that comes in contact with the resident, is thrown away.

Body temperature is measured by placing a thermometer under the tongue (oral), under the arm (axillary), or into the rectum (rectal). The most common way to take a person's temperature is by placing a thermometer under his or her tongue. Rectal temperatures are taken in children or when residents have a history of seizures, are unconscious, or when they cannot keep an oral thermometer in place. Rectal temperatures are not taken when residents are combative, have hemorrhoids, are bleeding from the rectum, or have diarrhea. Axillary temperatures are taken in children or residents who cannot have their temperature measured orally or rectally. Axillary temperatures can be taken with either an oral or rectal thermometer.

Blood Pressure

Blood pressure is a measurement of the force exerted by the heart against the arterial walls when the heart contracts or relaxes. It is measured with an instrument called a sphygmomanometer. Blood pressure is measured at two points: systolic and diastolic and is recorded as a fraction. The systolic pressure (top number of the fraction) is the force of blood exerted when the heart contracts. The diastolic pressure (bottom number of the fraction) is the force of the blood in the arteries when the heart relaxes and is filling.

The normal range for the systolic pressure is 100-140 millimeters of mercury (mm Hg) with the average being 120 mm Hg. Normal diastolic pressure ranges from 60-90 mm Hg with the average being 80 mm Hg. The reading should be written down immediately after measuring a resident's blood pressure so that you don't forget it.

Pulse

The pulse is the expansion and contraction of an artery. The pulse is usually felt on the radial artery at the wrist, though it may be felt over the other arteries.

Pulse rates vary with individuals, depending on their age, sex, and body size. The normal pulse rates for the various age groups are listed below:

Infants: 90-160 beats per minute.

Children from 1 to 7: 80-120 beats per minute.

Children over 7: 72-110 beats per minute.

Adult women: 65-80 beats per minute.

Adult men: 60-70 beats per minute.

Take a pulse rate with the tips of your first two or three fingers. Never take a pulse with your thumb because the thumb contains its own pulse. Describe the volume (such as strong, weak, thready, or bounding) and the rhythm (regular or irregular) when you report a resident's pulse rate.

Respiratory Rate

The respiratory rate is taken by counting one inspiration (breathing in) and one expiration (breathing out) as one respiratory cycle. It must be taken without the resident's knowledge so that a conscious effort is not made to breathe faster or slower. The respiratory rate is usually taken at the same time as the pulse rate.

Respiratory rates will vary between individuals; the normal rate for adults is 14 to 18 breaths per minute and the normal rate for children is 16 to 22 breaths per minute. Describe the rhythm of the resident's breathing (regular or irregular) and its character (such as deep, shallow, labored, difficult, or moist) when reporting a resident's respiratory rate.

EXERCISE 50
VITAL SIGNS KNOWLEDGE SURVEY

DIRECTIONS: Read each sentence and fill-in the blank based upon your current knowledge of the subject matter.

1. When a patient's vital signs are taken, how many bodily functions are checked?______________________________

2. List the bodily functions that are monitored when checking a patient's vital signs.______________________________

3. The body loses heat through______________________and ______________________.

4. When you take a patient's______________________ you measure his or her body heat.

5. On a Fahrenheit scale, the normal range for body heat is one degree above and one degree below______________.

6. The instrument used for measuring body heat is called a ____________________.

7. Antiseptic agents are used to help reduce the spread of ______________.

8. Name three locations on the body which are used for measuring body heat. ______________________________

9. The measurement of force exerted by the heart against the arterial walls is the patient's________________ which is recorded as a fraction.

10. The force of the blood exerted when the heart contracts is called__________________pressure (top number).

11. The force of the blood in the arteries when the heart relaxes and is filling is called____________pressure (bottom number).

12. The expansion and contraction of an artery creates a "beat" called the ____________________which is usually taken on the radial artery at the patient's______________

13. by counting the "beats per minute" you are able to monitor the patient's_________ ______________.

14. By counting the number of cycles of breathing in and out within a minute you are able to monitor the patient's__________________________.

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APPENDIX

ANSWER KEY

PUZZLE ???

DEM BONES

```
J H L T S T Z J E Y M R X N P
G G F K C W B C J A O K V D M
L T S H C X X S N D N E N Y B
U F T D L M B F A B R L I S W
I M E T W I E S L T Y R U A D
G J R S R M P L E U P I L M V
D I N L U M S B A E D U H R Y
C E U R X P R H L A P L B R A
L R M C J A U C R A T K S I E
S T U L E V I Y C F D U B C I
I I K I X V B S I M R I M B O
V K C M A N P B Y E T E W R C
L J T L L W U O M P B U M B V
E Q C C C L L U M R X R P S V
P S O W A O H W D F B S K X M
```

(JUST THE FIRST WORDS IN EACH LINE)
FIND THESE HIDDEN WORDS IN THE ABOVE PUZZLE:

CLAVICLE - COLLAR BONE
FEMUR - THIGH BONE
FIBULA - SMALL LEG BONE BELOW THE KNEE
HUMERUS - UPPER ARM BONE
PELVIS - HIP BONE
RADIUS - SMALL ARM BONE BELOW THE ELBOW
RIBS - CHEST BONES, PROTECTING LUNGS AND HEART
SCAPULA - SHOULDER BLADES
STERNUM - CHEST BONE
TIBIA - LARGE LEG BONE BELOW THE KNEE
ULNA - LARGE ARM BONE BELOW THE ELBOW
VERTEBRAE - BONES IN THE SPINAL COLUMN

EXERCISE 2

1. True
2. False
3. False
4. True
5. False
6. True
7. False
8. True
9. False
10. True
11. True
12. False

EXERCISE 4

1. False
2. True
3. True
4. True
5. False
6. False
7. True
8. False
9. True
10. True
11. True
12. False

EXERCISE 6

1. The carpenter painted the kitchen.
2. The State government is seated in Annapolis.
3. The hurricane detroyed the homes.
4. My professor gave me an "A".
5. The school will be closed on monday.
6. The Baltimore Sun is a daily newspaper.
7. The Orioles play baseball.
8. The Colts moved to Indianapolis.
9. The Mercy Medical Clinic is located in downtown Baltimore.
10. The respiration level is low.
11. The dentist pulled his tooth.
12. The registered nurses are meeting in the lounge.
13. The dietitians plan nutritious meals.
14. The radiologist is not on duty.
15. The dental hygienist is cleaning the patient's teeth.
16. The admission clerks are admitting patients.
17. The ophthalmologist cares for her eyes.
18. Gerontology is the study of aging.

19. The attending physician is in the emergency room.
20. The dosage of medicine was reduced.

EXERCISE 7

1. 1 - c
2. 2 - d
3. 3 - a
4. 4 - f
5. 5 - g
6. 6 - h
7. 7 - e
8. 8 - b
9. 9 - m
10. 10 - k
11. 11 - o
12. 12 - n
13. 13 - j
14. 14 - l
15. 15 - i
16. 16 - r
17. 17 - t
18. 18 - s
19. 19 - q
20. 20 - p

EXERCISE 8

Paragraph #1

Assisting with Nutrition and Hydration

Nutrition is important for everyone, including residents of long-term care facilities. Food provides energy for tissue growth and repair, and it maintains and regulates many bodily functions. Some residents thnk of mealtimes as social occasions when family and friends can talk with each other and review the events of the day. Others look forward to meals as a time to relax and read a book or the newspaper. Whatever kind of mealtime residents have enjoyed in the past, eating meals in a long-term care facility may mean a change that can be difficult. You can help residents adjust by presenting meals to them in a positive manner and by being patient when they are not able to feed themselves.

Paragraph #2

Nutrition

Food preference is a highly individual matter. With age, however, may come changes that diminish the desire to eat or the ability to feed oneself. Illness or changes in the body may cause a resident's doctor to prescribe a special diet that prevents a resident from eating his or her favorite foods. Residents may eat or reject certain foods for religious reasons or desire foods that should be honored as much as possible without violating the resident's prescribed diet. You can help residents adjust to a prescribed diet by preserving his or her mealtime habits to whatever extent is possible.

Paragraph #3

Nutrition

Feeding residents may call for a great deal of patience. Residents may eat very slowly, but try not to rush them through meals. Encourage residents to eat, but do not force foods upon them. Find out what kinds of foods each resident likes. Describe for those residents who don't see well the foods you serve them and which foods are hot or cold. Alternate solid foods with liquids. Feeding residents in a way similar to how you like to eat may help make the meal more pleasant for them.

Paragraph #4

Hydration is the state of having enough fluid in the body. In order to maintain a healthy fluid balance, people usually must consume about the same amount of fluid as they eliminate. People who take in more fluid than they eliminate may develop edema, or fluid retention. Signs of edema are large and sudden weight gains, reduction in urine elimination, and swelling in the feet, ankles, face, hands, and fingers.

Paragraph #5

Incontinent residents may avoid drinking water to lessen the amount they urinate. Other causes of dehydration include increased sweating, vomiting, bleeding, and diarrhea. The chance of residents developing dehydration can be diminished by keeping fresh water at their bedsides, by offering them water and other beverages whenever you enter the room, and by encouraging them to take an interest in their need to drink water.

EXERCISE 9

The words are placed in order of occurrence.

resident
conversation
characteristics
calories
vitamins
dentures
decreased
dependent
elimination
emesis basins
seasoning
consult
menu
paralyzed
choking

EXERCISE 10

1. Subject - circled; 2. predicate - underlined; nouns - bold.

Sentence #1
Care in the **morning** is referred to as **A.M. care** and consists of **activities** that prepare the **residents** for the **day**.

Sentence #2
These **activities** include changing the **residents' bed linen**, preparing the **resident** to eat **breakfast**, and helping **residents** bathe, dress, and brush their **teeth** or other **oral hygiene**.

Sentence #3
Residents should be encouraged to do as much as they can for themselves.

Sentence #4
They should be dressed and have their **hair** styled as they normally would.

Sentence #5
Subject is understood as YOU.

Ask **residents** about their personal **preferences** and honor them as much as possible.

Sentence #6
Care in the **evening** is referred to as **P.M. care** and consists of **activities** that prepare **residents** for **bed**.

Sentence #7
These **activities** include giving **backrubs** and helping the

residents brush their **teeth** or other **oral hygiene**, wash the **face** and **hands**, and dressing for **bed**.

Sentence #8

The subject is understood to be YOU.

Any time you provide **care**, check the **residents' bony prominences** for **redness** and **irritation** to help prevent the **development** of **decubitus ulcers**.

Sentence #9

The subject is understood to be YOU.

In addition, check **incontinent residents** frequently, change their **bed linen**, and clean **patients** or **bed linen** as often as necessary.

Sentence #10

Residents should be respectfully **acknowledged** at all **times**.

Sentence #11

The subject is understood to be YOU.

Address them by their **titles** and **surnames**, such as, **Mr. Smith**, **Mrs. Jones**, **Dr. Williams**, and not by their **first names** or some other **term** of **endearment**, such as **"Honey"** or **"Sweetie"**.

Sentence #12

You can show your **respect** for **residents** by pulling the **privacy curtain** around their **beds** before you perform any **tasks**.

Sentence #13

The subject is understood to be YOU.

Talk to **residents** as you **care** for them.

Sentence #14

You will learn something about their **life histories** and, perhaps, **past events**.

Sentence #15

You may gain an **appreciation** of any present **difficulties** they are experiencing.

EXERCISE 11

1. b
2. b
3. c
4. d
5. d
6. b
7. a
8. a
9. b
10. a
11. c

12. d
13. c
14. c
15. b
16. b
17. c
18. a
19. c
20. d
21. a
22. b
23. d
24. c

EXERCISE 12

1. Dentists
2. Patients
3. Arteries
4. Lungs
5. Bones
6. Tumors
7. Therapies
8. Allergies
9. Infirmities
10. Mammographies
11. Paralyses
12. Wheelchairs
13. Complaints
14. Illnesses
15. Attacks
16. Crutches
17. Feet
18. Foods
19. Extremities
20. Exercises

EXERCISE 13

1. Nurses
2. Hospitals
3. Doctors
4. Infirmaries
5. Syringes
6. Feet
7. Babies
8. Mice
9. Thieves
10. Employees
11. Forms
12. Disks

13. Crutches
14. Difts
15. Medications
16. Halves
17. Marches
18. Operations
19. Recoveries
20. Deliveries

EXERCISE 14

Delivered - action
Refused - action
Exhibited - action
Decided - action
is - linking

EXERCISE 15

1. Linking
2. Linking
3. Linking
4. Linking
5. Linking
6. Linking
7. Linking
8. Action
9. Linking
10. Action
11. Linking
12. Linking

EXERCISE 16

1. Linking
2. Action
3. Action
4. Linking
5. Linking
6. Linking
7. Linking
8. Linking
9. Linking
10. Action
11. Action
12. Linking
13. Linking
14. Linking
15. Action

16. Linking
17. Action
18. Linking
19. Linking
20. Action

EXERCISE 17

1. He is going to the infirmary with them.
2. Her terperature is above normal.
3. Her friends and she left the nurses' station early.
4. We agreed that his tonsils were healing.
5. She intends to bring her doctor, so I plan to bring mine.
6. They made cookies for us.
7. They stayed in the emergency room all night.
8. The hospital was too cold for them.
9. They were called to a meeting early in the morning.
10. She administered his medication.

EXERCISE 18

1. His
2. They
3. Them
4. We; his
5. They
6. They
7. Them
8. They
9. Them
10. His
11. Us
12. His
13. Them
14. They
15. He
16. They
17. Her; us
18. We
19. us
20. We; them

EXERCISE 19

1. Visits
2. Need
3. Requires
4. Don't
5. Lie
6. Cause

7. Weren't
8. Was

EXERCISE 20

1. Were
2. Is
3. Knows
4. Support
5. Are
6. Were
7. Register
8. Change
9. Were
10. Understands
11. Were
12. Are
13. Is
14. Are
15. Offers
16. Have
17. Are
18. Assist
19. Is
20. Read

EXERCISE 21

1. 300 Plus 200 divided by 50 equals 10 minutes

2. $35 multiplied by 30 equals $1050

3. $5,000 minus $2,000 divided by 10 equals $300

EXERCISE 22

1.
   a. How Many minutes were spent altogether in administering the entry level tests in data entry?
   b. 5 entry level tests; 30 minutes.
   c. 5 multiplied by 30
   d. 150 minutes

2.
   a. How many calories are left for the patient to consume during dinner?

b. 600 calories; 150 calories for breakfast; and 250 calories for lunch.
c. 150 added to 250 subtracted from 600
d. 200 calories

3.
a. How many towels altogether must be delivered, if there are 26 patient rooms?
b. 2 towels; 2 face towels; 1 wash cloth; and 26 patient rooms.
c. 2 plus 2 plus 1 multiplied by 26
d. 130 towels

4.
a. What is the amount owe on Mr. William's bill?
b. $136 bill; $30 payment; $75 payment.
c. $30 added to $75 subtracted from $136
d. $31 owed on the bill

5.
a. How many paients did Dr. Richards examine over a 26 week period?
b. 36 patients a week; 26 weeks.
c. 36 multiplied by 26
d. 936 patients

EXERCISE 23*

1. Four hundred thirty-seven and ninety-one hundredths

2. Three thousand, nine hundred, sixty-one and four hundred, thirty-three thousandths.

	Millionths
	Hundred
	Ten Thousandths
	Thousandths
1	Hundredths
9	Tenths
	AND
7	Ones
3	Tens
4	Hundreds
	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

1.

	Millionths
	Hundred
	Ten Thousandths
3	Thousandths
3	Hundredths
4	Tenths
	AND
1	Ones
6	Tens
9	Hundreds
3	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

2.

	Millionths
	Hundred
	Ten Thousandths
9	Thousandths
0	Hundredths
0	Tenths
	AND
2	Ones
5	Tens
4	Hundreds
0	Thousands
1	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

3.

3. Ten thousand, four hundred fifty-two and nine thousandths.

* Completed diagrams are inserted.

EXERCISE 24*

1. Three hundred forty-two and eighty-seven hundredths.

2. Five thousand, four hundred, eighty-two and nine hundred, sixty-eight thousandths.

3. Fifty-two and fifty-four hundredths.

*Completed diagrams are inserted.

1.

Millionths	
Hundred	
Ten Thousandths	
Thousandths	
Hundredths	7
Tenths	8
AND	•
Ones	2
Tens	4
Hundreds	3
Thousands	
Ten Thousands	
Hundred Thousands	
Millions	
Ten Millions	
Hundred Millions	
Billions	

2.

Millionths	
Hundred	
Ten Thousandths	
Thousandths	8
Hundredths	6
Tenths	9
AND	•
Ones	2
Tens	8
Hundreds	4
Thousands	5
Ten Thousands	
Hundred Thousands	
Millions	
Ten Millions	
Hundred Millions	
Billions	

3.

Millionths	
Hundred	
Ten Thousandths	
Thousandths	
Hundredths	4
Tenths	5
AND	•
Ones	2
Tens	5
Hundreds	
Thousands	
Ten Thousands	
Hundred Thousands	
Millions	
Ten Millions	
Hundred Millions	
Billions	

4.

Millionths	
Hundred	
Ten Thousandths	
Thousandths	
Hundredths	7
Tenths	6
AND	•
Ones	5
Tens	8
Hundreds	9
Thousands	
Ten Thousands	
Hundred Thousands	
Millions	
Ten Millions	
Hundred Millions	
Billions	

5.

Millionths	
Hundred	
Ten Thousandths	7
Thousandths	5
Hundredths	4
Tenths	2
AND	•
Ones	7
Tens	8
Hundreds	3
Thousands	5
Ten Thousands	2
Hundred Thousands	
Millions	
Ten Millions	
Hundred Millions	
Billions	

6.

	Millionths
	Hundred
	Ten Thousandths
	Thousandths
	Hundredths
5	Tenths
.	AND
1	Ones
9	Tens
8	Hundreds
7	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

7.

	Millionths
	Hundred
	Ten Thousandths
	Thousandths
8	Hundredths
5	Tenths
.	AND
8	Ones
3	Tens
	Hundreds
	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

8.

	Millionths
	Hundred
	Ten Thousandths
9	Thousandths
8	Hundredths
7	Tenths
.	AND
2	Ones
1	Tens
3	Hundreds
1	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

9.

	Millionths
	Hundred
	Ten Thousandths
	Thousandths
	Hundredths
2	Tenths
.	AND
9	Ones
	Tens
	Hundreds
	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

10.

	Millionths
	Hundred
	Ten Thousandths
	Thousandths
8	Hundredths
4	Tenths
.	AND
2	Ones
3	Tens
1	Hundreds
	Thousands
	Ten Thousands
	Hundred Thousands
	Millions
	Ten Millions
	Hundred Millions
	Billions

4. Nine hundred, eighty-five and sixty-seven hundredths.

5. Twenty-five thousand, three hundred, eighty-seven and two thousand, four hundred, fifty-seven ten thousandths.

6. Seven thousand, eight hundred, ninety-one and 5 tenths.

7. Thirty-eight and fifty-eight hundredths.

8. One thousand, three hundred, twelve and seven hundred, eight-nine thousandths.

9. Nine and two tenths.

10. One hundred, thirty-two and forty-eight hundreths.

EXERCISE 25

1. true
2. false
3. false
4. true
5. false
6. true
7. true
8. false
9. true
10. false
11. false
12. true
13. false
14. false
15. true
16. true
17. true
18. true
19. false
20. true

EXERCISE 26

1. True
2. True
3. False
4. True
5. False
6. False
7. False
8. False
9. True
10. False
11. True
12. True

EXERCISE 27

1. False
2. True
3. False
4. False
5. True
6. True
7. False
8. True
9. True
10. False
11. True
12. True

EXERCISE 28

1. True
2. False
3. False
4. True
5. True
6. False
7. True
8. False
9. True
10. False
11. True
12. False
13. True

14. True

EXERCISE 30

See the attached completed application for employment.

EXERCISE 32

See the attached completed time-sheet.

EXERCISE 34

See the attached completed grievance form.

EXERCISE 35

See page 94-B for completed exercise on parts of a wheelchair.

EXERCISE 36

See page 96-A for diagrams of types of canes and walkers.

EXERCISE 37

Instructor will check student progress through observations.

EXERCISE 38

Instructor will check student progress through observations.

EXERCISE 39

Instructor will provide students with copy of diagram which indicates parts of the Gatch-Frame Bed.

EXERCISE 40

Instructor will check student progress through observations.

EXERCISE 41

Applicaton for Employment

PLEASE TYPE OR PRINT IN INK

1. Position applied for:
1st Choice Dietary aide
2nd Choice

2. Will you Work? (Circle Preference) [✓ Full time] Part time

3. Hours available for work 8:00-5:00 p.m.

4. Shift Preference (Circle) [✓ Day] Evening Night

5. Name (Last, first, middle) Jane, Mary

6. Home Phone 407-0759
Work Phone

7. Address (number, Street, City, State and Zip Code) 1601 Cascade Ave., Baltimore, Maryland 21234

8. Social SecurityNumber 363-48-5763

9. Date Available for work immediately

10. Expected rate of pay negotiable

11. EDUCATION

A. Circle indicating highest grade completed
1 2 3 4 5 6 7 8 9 10 [✓ 11] 12

B. If you graduated from High school, give date

C. Name and location of last high school attended n/a

D. Name and locaton of college or university	Major	Dates Attended		Degree received	Year received
		From	To		
n/a					

E. Other schools or training (for example, trade vocation, Armed Forces, or business). Give for each, the name and location, dates attended, subjects studied, certificates awarded, etc.

12. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, registered nurse, operating engineer, C.P. A., etc.)	B. State or liscensing authority license no.	C. Year of first license or certificate	D. Year of latest or certificate
n/a	n/a	n/a	n/a

E. Special skills you possess and machines and equipment you can use. (For example, keypunch, trascribing machine, scientific or professional devices)
cash register and adding machine

F. Approximate number of words per minute
Typing n/a
Shorthand n/a

G. Special qualifications not covered in application . (For example, membership in professional or scientific societies, etc., and honors and fellowships)
n/a

Answer the following by Circling YES or NO. If NO to item 13 or YES to itdems 14 through 20, give details in REMARKS at bottom of page.

13. Are you a citizen of the United States of America (If NO, list type of visa and number below) .... [✓ YES] NO
14. Are you under 18 years of age? .... YES [✓ NO]
15. Do you have any mental and/or physical condition and/or are you taking any medication that would affect your job performance .... YES [✓ NO]
16. Have you worked with this agency .... YES [✓ NO]
17. Do yoy have any relatives working with this Agency? .... [✓ YES] NO
18. Have you every been convicted of a felony? .... YES [✓ NO]
19. Please indicate any other name under which you have worked .... YES [✓ NO]
20. Referred by (name of newspaper, agency, friend, [✓ relative], etc.) .... [✓ YES] NO

21. MILITARY SERVICE

Have you ever been on active duty in the armed forces of the U.S.?
CIRCLE: YES [✓ NO]

22. EMPLOYMENT HISTORY BEGINNING WITH YOUR MOST RECENT JOB

Job Title: Cashier at Park Ave Soul Food Restaurant **Dates of Employment:** Jan., '88-Dec., "90

Description of Work: Check out customers; keep financial receipts.

Immediate Supervisor: Mr. Oakley **Telephone Number:**

Reason for Leaving: Went out of business.

Job Title: Cashier at Giant Food Store **Dates of Employment:** May, "86-Dec.,'87

Description of Work: Receiving and recording items purchased by customers.

Immediate Supervisor: **Telephone Number:**

Reason for Leaving: Laid-off

Job Title: Dietary assistant for Balto., Public Schools **Dates of Employment:** Aug. '83-Jun. '85

Description of Work: Kitchen help; cooking; serving students; and cashier.

Immediate Supervisor: Mrs Alice Cooper **Telephone Number:** 454-8899

Reason for Leaving Left to give birth to child.

Job Title: — **Dates of Employment:**

Description of Work:

Immediate Supervisor: **Telephone Number:**

Reason for Leaving

Job Title: **Dates o f Employment:**

Description of Work:

Immediate Supervisor **Telephone Number:**

Reason for Leaving:

I agree that the information provided in this application is true and accurate.

Signature

March 13, 1992

Date

EMPLOYEE TIME SHEET

COLLEGE OR UNIVERSITY	CLASS CODE	CLASSIFICATION TITLE	DEPT. CODE	DEPT. NAME

SOCIAL SECURITY NUMBER	NAME	BEGIN DATE	END DATE
	Jim Berry		

PIN No.	Job Code	Assign #	Shift Code	O.T. Code	Full-Time Break Leave Rate	Std. Hrs.	Pay ID#	Timekeeper Location	Leave Accrual Date

1 TO 6	.1 - 1/10	
7 TO 12	.2 - 2/10	
13 TO 18	.3 - 3/10	
19 TO 24	.4 - 4/10	
25 TO 30	.5 - 5/10	
31 TO 36	.6 - 6/10	
37 TO 42	.7 - 7/10	
43 TO 48	.8 - 8/10	
49 TO 54	.9 - 9/10	
55 TO 60	0 - 1 HR.	

170 Annual
172 Annual-WOPA
180 Sick-Illness
181 Sick-Adoption
182 Sick-Bereavement
183 Sick-Advanced
184 Sick-Extended
185 Accident Leave
187 Sick-Reserve Fund
190 Holiday
300 Personal
301 Personal-WOPA
420 Unpaid Leave
421 Sick LAW
430 Military
440 Jury Duty
450 Admin.
460 Exam/Interview
470 Comp Earned
471 Comp Taken
888 Excep. Days Off

Timekeeper Initial

								WK 1 TOTAL								WK 2 TOTAL	TWO WK TOTAL
	5-15	5-16	5-17	5-18	5-19	5-20	5-21		5-22	5-23	5-24	5-25	5-26	5-27	5-28		
SHIFT IND																	
START TIME	9:00	11:00	9:00			9:00	9:00								9:00		
TIME OUT	12:00	1:00	12:00			12:00	12:00								12:00		
TIME IN	12:54	1:54	12:54			12:54	12:54								12:54		
TIME OUT																	
TIME IN																	
STOP TIME	5:00	5:00	4:00			5:00	5:00								5:00		
HOURS WORKED	7.1	5.1	6.1			7.1	7.1	32.5							7.1	7.1	39.6
SICK OCCUR																	
LEAVE CODE		300	180						450	450	450			190			
LEAVE HRS USED		2.0	1.0					3.0	7.1	7.1	7.1			7.1		28.4	31.4
LEAVE CODE																	
LEAVE HRS USED																	
TOTAL HOURS	7.1	7.1	7.1			7.1	7.1	35.5	7.1	7.1	7.1			7.1	7.1	35.5	71.0
REG PAY HRS	7.1	7.1	7.1			7.1	7.1	35.5	7.1	7.1	7.1			7.1	7.1	35.5	71.0
OT PAY HRS																	
COMP EARNED 470																	
MISC ADJ																	

LEAVE STATEMENT

Leave Type Balance	Leave Used This Year Hours / Days	Current Balance Hours / Days	Advance Sick Leave	26-Pay Period Hrs. Used	As of Date	Remarks

195.

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR

PERSONNEL COPY

196

GRIEVANCE FORM

STEP 1

DATE GRIEVANCE FILED: May 3, 1991

AGGRIEVED EMPLOYEE(S) NAME(S) Belinda Williams

OCCUPATION(S) Nurses Aide

ANSWER:

CIRCLE ONE: ACCEPTED DENIED

DATE: May 15, 1991

Supervisor or Department Head

STEP 2

DATE GRIEVANCE APPEALED TO STEP 2:

PROVISIONS OF AGREEMENT ALLEGEDLY VIOLATED: Lifting of Patients

NATURE OF GRIEVANCE:

My past supervisor agreed that I did not have to lift any patients, because of my back strain. My new supervisor, Mr. Alex Jones, asked me to assist Mrs. Elsie Martin, to the bathroom. To do this would mean a strain on my back. I thus informed him of the past problem and that I was no longer required to lift patients because of my back condition. Mr. Jones indicated that he had nothing to do with any agreement made by my past supervisor and myself and that I had to perform the task as assigned.

REMEDY REQUESTED IN GRIEVANCE:

That the immediate supervisor recognize the agreement that was made between my supervisor and me.

Signature of Aggrieved Employee(s)

Signature of Union Representative

ANSWER

The hospital ruled in favor of Ms. Williams.

DATE OF ANSWER: June 1, 1991

Signature of Representative: Mrs. Nancy Collier

Instructor will demonstrate placing patient into the supine position as per the diagram shown on page 110-A.

EXERCISE 42

Instructor will demonstrate proper body mechanics as per the diagram shown on page 111-A

EXERCISE 43

Instructor will check student progress through observation.

EXERCISE 44

Instructor can check student progress by observing them dress a resident.

EXERCISE 45

Instructor will demonstrate positioning a resident as per the diagram located on page 117-A.

EXERCISE 46

Instructor will demonstrate bony prominence to students as per the diagram located on page 118-A.

EXERCISE 47

1. False
2. False
3. False
4. True
5. False
6. True
7. False
8. True
9. True
10. False
11. False
12. True
13. Not changing position of resident; not keeping their skin clean and dry; and not gently massaging those parts of the body where decubitus ulcers are likely to develop.

14. Development of bedsores.
15. Massage; applying powder;
16. Resident's back.

EXERCISE 48

Instructor will show students common bedside items as per the diagrams on page 126-A.

EXERCISE 49

Instructor will explain oral intake as per the handouts sheets, pages 12AB and C, and afterwards have students complete student activities 1 and 2.

EXERCISE 50

1. Four
2. Temperature; pulse; blood pressure; and respiratory rate.
3. Perspiration and breathing.
4. Temperature.
5. 98 degrees
6. Thermometer
7. Germs
8. Under the tongue; under the arm; and into the rectum.
9. Blood pressure
10. Systolic
11. Diastolic
12. Pulse; Wrist
13. Pulse rate
14. Respiratory rate